

ACKNOWLEDGMENT

First and foremost I give thanks to **ALLAH**, who gave me the strength and ability to complete this work,

I express my appreciation and thanks to **Prof. Dr. Sorayia Ramadan**, Professor of Psychiatric Nursing, Faculty of Nursing, Ain Shams University, who has always inspired me, and most importantly for teaching me the ability to think critically.

I would like to acknowledge **Prof. Dr. Tarek Assad**, Professor of Psychiatry, Faculty of Medicine, Ain Shams University, whose trust and confidence in my work gave me the energy and self-assurance to complete this work.

My thanks and appreciation are also addressed to **Dr. Niveen Al Ashry**, Assistant Professor of Psychiatric Nursing, Faculty of Nursing, Ain Shams University. I cannot say how much I am thankful to her tremendous support and help. Her continuous encouragement and meticulous supervision helped towards the completion of this work.

I am heartily thankful to **Dr. Samah Abdelwahed**, Lecturer of Psychiatric Nursing, Faculty of Nursing Ain Shams University. Without her encouragement and guidance this work would not have been materialized from the initial thought to the final actual work.

Lastly, I wish to convey my gratitude and thankfulness to all the caregivers of patients with schizophrenia who gave me some of their time and for their interest to participate in this study.

ABSTRACT

Living with a schizophrenia patient can put considerable burdens and restrictions on the rest of the family. Emotional Intelligence (EI) may help family caregivers in dealing with schizophrenia patients and decrease their burden. The aim of this study was to assess the effect of a training program on helping caregiver acquire emotional intelligence skill through application of model of support. The study was conducted at the outpatient clinics of the Psychiatry Center at Ain-Shams University using a quasi-experimental research design with pre-post assessment and a control group. It involved 100 family caregivers of schizophrenic patients: 50 received the educational program and 50 as a control group. Data were collected through an interview questionnaire with assessment of burden, and of emotional intelligence. The fieldwork was carried out through assessment, planning, implementation, and evaluation phases. The researcher developed the educational program, implemented it to the study group, and evaluated its effect on caregivers' burden. The fieldwork extended from January to June 2013. The study findings revealed that the family caregivers of schizophrenia patients suffer high levels of burdens in various aspects, and they have low levels of emotional intelligence. The implementation of a targeted educational program based on identified needs and aimed at improving their emotional intelligence showed success in achieving this aim. This is consequently reflected on their burden which demonstrated significant improvements compared to those in the control group who did not attend the program. Therefore, the emotional intelligence can be improved through training, and this improvement has a positive impact on caregiving burdens. It is recommended to apply the educational program in similar settings. The psychiatry nurses should have more training to foster their emotional intelligence skills. Further research is suggested to assess the long-term effects of the educational program.

Key words: Schizophrenia, Caregiver, Emotional Intelligence, Nursing

TABLE OF CONTENTS

Title	Page
INTRODUCTION	1
AIM OF THE STUDY	3
REVIEW OF LITERATURE	
Burden on family caregiver of schizophrenia patients	6
Schizophrenia	11
Schizophrenia diagnosis	12
Causes of schizophrenia	15
Schizophrenia and quality of life	22
Emotional intelligence in schizophrenia	26
Emotional intelligence	27
Definition	27
Ability and trait emotional intelligence	30
Impact of emotional intelligence	38
Training in emotional intelligence	44
Emotional intelligence and burden of family caregiver of schizophrenia patient	45
Nursing management	57
SUBJECTS AND METHODS	71
RESULTS	89
DISCUSSION	125

Title	Page
CONCLUSION	143
RECOMMENDATIONS	144
SUMMARY	145
REFERENCES	150
APPENDICES	
ARABIC SUMMARY	

LIST OF TABLES

Table		Page
1	Socio-demographic characteristics of caregivers in the study and control groups	90
2	History of chronic diseases among caregivers' in the study and control groups	93
3	Comparison of the pre-intervention burdens among caregivers" in the study and control groups	94
4	Comparison of the post-intervention burden among caregivers' in the study and control groups	96
5	Comparison of the pre-intervention emotional intelligence among caregivers' in the study and control groups	99
6	Comparison of the post-intervention emotional intelligence among caregivers' in the study and control groups	101
7	Pre-post-intervention burden and emotional intelligence among caregivers' in the study and control groups	103
8	Relation between pre-intervention burden and caregivers' characteristics En the study group	104
9	Relation between pre-intervention burden and caregivers' characteristics in the control group	106
10	Relation between post-intervention burden and caregivers" characteristics in the study group	108
11	Relation between post-intervention burden and caregivers' characteristics in the control group	110

LIST OF TABLES *(Cont...)*

Table	Page
12 Relation between pre-intervention emotional intelligence and caregivers' characteristics in the study group	112
13 Relation between pre-intervention emotional intelligence and caregivers' characteristics in the control group	114
14 Relation between post-intervention emotional intelligence and caregivers' characteristics in the study group	116
15 Relation between post-intervention emotional intelligence and caregivers' characteristics in the control group	118
16 Relation between burden and emotional intelligence among caregivers' in the study and control groups before and alter intervention	120
17 Correlations between the scores of burden and emotional intelligence throughout the intervention	121
18 Correlations between the scores of burden and emotional intelligence and caregivers' characteristics throughout the intervention	122
19 Best fitting linear regression model for the burden score	123
20 Best fitting linear regression model for the emotional intelligence score	124

LIST OF FIGURES

Figure		Page
1	Caregivers' relations to patients in the study and control groups	92
2	Comparison of the total pre-post-intervention burden median scores among caregivers in the study and control groups	98
3	Comparison of the total pre-post-intervention emotional intelligence median scores among caregivers in study and control groups	102

INTRODUCTION

The important role of families and other caregivers in the lives of adults with schizophrenia is well documented. Persons with schizophrenia frequently live with their families of origin, and the vast majority has regular family contact. Families of persons with schizophrenia have also been demonstrated to have significant needs. Families most frequently cite the need for education and support in helping them to cope with their family member's illness. Further, numerous studies have documented the benefits of interventions designed to meet the needs of family members. The high prevalence and chronic evolution of schizophrenia are responsible for a major social cost (*Rammohan et al., 2002*).

Deficits in social cognition are a core feature among individuals with schizophrenia and key determinants of functional outcome (*Couture et al., 2006; Fett et al., 2011; Mancuso et al., 2011*). One critical area of social cognition is emotion processing, also called emotional intelligence, which

involves the ability to process emotions in one's self and others to guide thinking and behavior (*Mayer et al., 2008*).

Emotional Intelligence (EI) comprises inter and intra-personal skills which relate to perceiving, regulating, understanding and using emotions (*Mayer and Salovey, 1997*). Since its formal proposal, the construct has been the subject of controversy as protagonists disagree over both definition and measurement. However, this has not prevented EI from being the subject of much investigation, or reduced claims of its importance as a factor which impacts positively on important life outcomes. For example, research findings have revealed that high EI can protect individuals from the physiological impact of stressors (*Mikolajczak et al., 2007*), reduce avoidant coping (*Parker et al., 1998*), promote social support quality (*Austin et al., 2005*), and aid positive health (*Mikolajczak et al., 2006*).

Emotional intelligence (EI) has attracted growing interest in relation to various educational, health, and occupational outcomes (*Sala, 2002; Van Rooy and Viswesvaran, 2004; Landy, 2005; Boyatzis and Saatchioglou, 2008*). Salovey and Mayer first proposed their theory of emotional intelligence in 1990. Over the subsequent decade,

their theory became a major topic of interest in social science circles as well as in the lay public. Emotional intelligence has been described as a form of social intelligence that involves the ability to identify and monitor one's own emotions and behaviors as well as those of others (*Salovey and Mayer, 1990*). The main emphasis of research in the field of emotional intelligence is to understand how individuals perceive, discriminate, and manage emotions in an attempt to predict and promote personal effectiveness (*Cherniss, 2002*).

Exposure to stressors is negatively associated with health, although there are individual differences in susceptibility to the health damaging effects of stress (*Turyk et al., 2008*). It is therefore desirable to understand protective factors; EI is posited to be such a factor protecting against either the behavioral or physiological effects of stress.

Significance of the study

Family care giver is an integral part of the care system of schizophrenic patient, living with a schizophrenic patient can put considerable burden and on the rest of the family consequently Emotional Intelligence (EI) is significant because it provides a new model for viewing and understanding

peoples' behavior, attitudes, interpersonal skills and potential. EI involves knowing one's own feelings and using them to make good decisions while having empathy for others. EI also includes social skills, which foster getting along with other people. By having EI, a person is able to manage distressing moods and control impulses in circumstances involving conflict

Emotional Intelligence could be considered as a factor, which could be learned and taught as a mediator, which could preserve and improve mental health. The findings of previous researches show that society members' mental health could be affected by many factors. Therefore, this study will provide schizophrenic care givers with skills & knowledge which are of great importance in dealing with their schizophrenic patient and help them to improve their burden.

Aim of the study

The aim of this study was to assess the effect of training program on helping schizophrenic caregiver acquire emotional intelligence skills through application of model of support.

This aim was achieved through:

1. Assessing caregiver burden;
2. Assessing caregivers' emotional intelligence level;
3. Implementing a training program;
4. Evaluation of the effect of program implementation.

Hypothesis

The model of support application and training program helping schizophrenic caregiver acquire emotional intelligence skills for improvement schizophrenic patient condition will prevent the consequences of caregiver burden.

REVIEW OF LITERATURE

BURDEN ON FAMILY CAREGIVER OF SCHIZOPHRENIA PATIENTS

Family is an integral part of the care system for persons with a chronic mental illness. Caring for a family member with schizophrenia is an enduring stressor and causes considerable amount of burden. Living with a schizophrenia patient can put considerable burdens and restrictions on the rest of the family (*Kumari et al., 2009*).

The burden of care is a complex construct that challenges simple definition, and the definitions are frequently criticized for being broad and generally negative. In addition to the emotional, psychological, physical and economic impact, the concept of 'burden of care' involves subtle but distressing notions such as shame, feelings of guilt and self-blame. The early conceptualization of 'burden of care' was classified into 2 distinct components: objective and subjective. Objective burden of care is meant to indicate its effects on the household, such as taking care of daily tasks; whereas subjective burden indicates the psychological and emotional impact of mental

illness on family members, including feelings of grief and worry (*Kumari et al., 2009*).

Caregiver burden is affected by disruptive behaviors of the mentally ill person, changes in household routines, strained social relationships, lack of social support, deteriorating finances, diminished opportunity for leisure, exhaustion, and the stigma associated with mental illness, termed stigma by association (*Sibitz et al., 2002; Stengard, 2002; Veltman et al., 2002*).

Positive cognitions and resourcefulness are significant predictors of better quality of life among caregivers (*Zauszniewski et al., 2005*). Resourcefulness may be defined as a collection of cognitive and behavioral skills that are used to maintain independence in daily tasks despite the presence of adversity (*Rosswurm et al., 2002*) and to obtain assistance from others when unable to function independently (*Nadler, 1990*). Personal and social resourcefulness skills are complementary, can fluctuate over time, and are equally important for optimal quality of life (*Zauszniewski, 2006*). Studies of caregivers have provided evidence of the importance of resourcefulness in promoting independence and enhancing

daily functioning (*Rosswurm et al., 2002; Zauszniewski et al., 2005*).

The middle-range theory of resourcefulness and QoL is based on the conceptualization of two forms of resourcefulness (personal and social) that affect QoL, defined as an individual's subjective sense of wellbeing and operationalized as perceptions of physical and mental health. Other major constructs of the theory are contextual factors and intervening variables, called "process regulators." According to this theoretical model, contextual factors may exist within a person or within the person's environment and may influence process regulators and resourcefulness, which in turn affect the QoL (*Zauszniewski, 2006*).

Contextual factors for female family members of adults with Serious Mental Illness (SMI) include characteristics of the women, characteristics of the adult with SMI, and characteristics of the caregiving situation. Among family female caregivers of adults with SMI, perceived burden, stigma by association, and depressive cognitions may be considered process regulators, or cognitions, perceptions, and emotions that directly influence resourcefulness and QoL. Contextual factors have direct effects on process regulators,