

# FAMILY CAREGIVER'S COMPETENCIES OF PATIENT WITH SCHIZOPHRENIA: A CONCEPT ANALYSIS

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## ABSTRACT

The purpose of this paper was to analyze the concept of family caregiver's competencies of patient with schizophrenia in order to develop a precise operational definition of a theoretical concept. Walker and Avant's method was used as a strategy to analyze the concept. The defining attributes of family caregiver's competencies were: (1) knowledge of schizophrenia and the process of care, (2) attitudes toward ill relative, and (3) skills in providing care for ill relative. Family caregiver's competencies can provide a clear explanation about the definition of the concept. The Family caregiver requires knowledge, positive attitude and specific skills to be competent in performing their tasks to provide effective care towards their ill relative with schizophrenia.

**Key word:** Family Caregiver's Competencies, Concept Analysis

## INTRODUCTION

Caring for a family member with schizophrenia is challenging for caregiver because it is extremely stressful and burdensome (Milliken and Rodney, 2003). They experience a series of conflicts and tend to show emotional responses such as violence, high levels of burden, stigma, frustration, sadness, anger and timelessness (Dangdomyouth, *et al.*, 2008). Family caregivers also face financial problems and lack of knowledge about schizophrenia (Sethabouppha and Kane, 2005; Saunders, 2003). Consequently, there is a need for competencies in caring for members with schizophrenia.

Competency is individual's ability to perform regarding care related to knowledge and skills. Family caregiver competency is a new concept in psychiatric mental health nursing (Kosberg and Cairl, 1992).

Concepts analysis is a strategy that helps nurses to examine the attributes or characteristics of a concept. The purpose of this paper was to analyze the concept of family caregiver's competencies of schizophrenic persons in order to develop a precise operational definition of a theoretical concept (Walker and Avant, 2005).

## SELECTION OF THE CONCEPT

The concept of competencies in caregiving had received minimal attention. Only few studies were found regarding this concept of caregiving (Chosungnoen, Intanon and Petcharat, 2011; Jansen *et al.*, 2007; Riedijk *et al.*, 2009). Family caregiver is one important factor for optimal treatment of patients by ensuring treatment compliance, continuity of care and social support (Agiananda, 2006; Milliken and Rodney, 2003; Sethabouppha and Kane, 2005; Wynaden, 2007). Family caregiver's participation in caring for patient with schizophrenia will help patient in taking medications and prevent relapse rates (Wiyati, Wahyuningsih and Widayanti, 2010). Therefore, they require knowledge, positive attitude and skills to provide care, reduce burden and to be competent in performing their tasks at home (Given, Sherwood and Given, 2008).

A review of the relevant literature informed that there was no article that presented a concept analysis of family caregiver's competencies of patient with schizophrenia, particularly from nursing perspective.

Therefore, the purpose of this paper was to clarify and analyze the concept of family caregiver's competencies of patient with schizophrenia.

### THE AIMS OF THE ANALYSIS

This concept analysis aimed at analyzing the meaning of family caregiver's competencies from the literature review, as well as other sources and attributes that are essential to understand the concept. The analysis methodology was the process of concept analysis delineated by Walker and Avant (2005). Accordingly, various uses of the concept were identified; antecedents, consequences and empirical referents were also defined. The rationale for using this model was that when a concept is broken into the simple elements, we can better differentiate and understand the similarity and dissimilarity among concepts. Even though the steps in concepts analysis of this approach seem to be consecutive, Walker and Avant (2005) mentioned that some steps occurred at the same time. The analysis process included: (1) the concept of family caregiver's competencies of persons with schizophrenia; (2) determining the aims of purposes of analysis; (3) identifying all uses of the concept; (4) determining the defining attributes; (5) identifying a model case; (6) identifying borderline and contrary cases; (7) identifying antecedents and consequences; and (8) defining empirical referents.

### USES OF THE CONCEPT OF FAMILY CAREGIVER'S COMPETENCY

Competency was the ability to do something successfully and efficiently or a skill needed by an individual in a particular job/task. Competency could also be defined as the skill needed by an individual to perform a task to a certain level of performance or effective performance of the normal function (Hornby, 2000).

From medical perspective, family caregiver's competencies were the caregiver's feelings about being capable of caring for a sick member. It consisted of feelings of satisfaction towards the recipient, feeling of satisfaction as a caregiver and the consequences in case of personal life (Jansen *et al.*, 2007). Meanwhile, Karlawish, Casarett and James (2002) stated that caregiver's competency refers to the judgment of a caregiver's capacity to make decision in question related to knowledge, attitude and ability.

In the nursing literature, the definitions of family caregiver's competencies of persons with schizophrenia

were defined in several ways:

1. The effective performance of family caregiver's tasks in caring for members with mental illness associated with the care recipient's safety, knowledge, attitude and skills (Horvath *et al.*, 2005).
2. The caregiver's ability in planning and making decisions, problem solving, relating and communicating, complying with social rules, as well as emotional and stress management (Chosungnoen *et al.*, 2011).
3. Caregiver's competencies were addressed through guided participation of a caregiver in their caregiving practices. The competencies deals with the company towards the ill relative, knowing the ill relative as a person, communicating and engaging with others about the needs of the ill relative and caregiver (Pridham *et al.*, 1998); as well as making decisions in a crisis situation, solving problems, being assertive, managing the symptoms, stress and assisting patient in their daily activities, etc (Conn and Stuart, 2005).

From psychological perspective, family caregiver's competency is the ability to relate with the knowledge to negotiate, function and deal effectively with stressful situations (Beavers and Hampson, 2000; Weinert, 1999). It encompasses performing activities of daily living, communicating with the care-receiver, preventing accidents, administering medications, managing behavioral problems, managing finances, as well as seeking and obtaining resources.

From art and science perspective, family caregiver's competency is the effective performance of family caregiver's caring to reduce dependency of ill relative. It consisted of knowledge and skills, meeting medical/nursing needs, attending the patient's personal care needs, assisting and satisfying the safety needs of patients and the dealing of the social care needs (Kosberg and Cairl, 1992).

Working definition was proposed to clarify the content of this concept analysis. Family caregiver's competencies consisted of caregiver's knowledge, attitude and skills to perform effective care for ill relative at home. Thus, they must be competent in performing, regarding care for ill relative with schizophrenia.

### THE DEFINING ATTRIBUTES

Attributes were the core of the concept analysis. Attributes also could be defined as characteristics of a concept that appear frequently and helps to

differentiate it from other concepts (Walker and Avant, 2005). Defining attributes of family caregivers' competency that appeared consistently in the literature were: (1) knowledge of disease and the procedure for care, (2) attitudes toward ill relative, and (3) skills in providing care for ill relative.

Knowledge of disease and the process of care referred to caregivers' understanding of the nature of schizophrenia, medications, mental health care services and the care for ill relative at home. Attitudes toward ill relative referred to feelings / responses of the caregivers or the caring shown towards the ill relative (Tungpunkom, *et al.*, 2013). Skills in providing care for ill relative with schizophrenia referred to the caregiver's ability to care for their ill relative. Caregiving skills included looking after the daily activities of the ill relative, communicating with the ill relative, monitoring and managing psychiatric symptoms, administering and managing medication, managing finances, making decisions, solving problems and seeking and obtaining resources (Chosungnoen *et al.*, 2011; Tungpunkom, 2000).

### Model Case

A model case as described by Walker and Avant (2005) regarding the concept used. The concept must include and reflect all the attributes that existed in the concept analysis. The following case is an actual scenario and included all of the attributes for the concept of family caregiver's competencies of a person with schizophrenia.

Mrs. SR, 50 years old, had a son who was schizophrenic. She was an agricultural worker and had completed high school. She knew the diagnosis, medications and side effects of her son's medications. The Government offered health insurance for her child. Thus, she could provide medications for her son. She got information about schizophrenia and its treatment from both psychiatrist and mental health nurse. The neighbors also helped her in a crisis situation. She made the neighbors understand that they should not call her son "crazy" because her son will feel embarrassed. Mrs. SR used advising and reasoning, distancing and mediating skills to deal with conflicts. She always reminded her son to take medications regularly.

### Borderline Case

A borderline case was constructed as another sample of the concept used. However, borderline case contained some of the defining attributes (Walker and Avant, 2005).

Mrs. WF, a 55 year old house wife who had completed secondary school said that she had some income, but that was not enough. Her daughter was suffering from schizophrenia. She did not know the diagnosis of her children and she thought her daughter's illness was due to stress. At the beginning, she took her daughter to a local healer for treatment. However, she went to the psychiatrist when the symptoms got worse. She reminded her children to communicate with others, spoke slowly when her daughter was getting angry and encouraged her to ignore anyone who tells her that she is "crazy". Mrs. WF used distancing to solve the problems.

### Contrary Case

The contrary case does not present caregiver's competencies to deal with schizophrenic patient because it lacked all of the defined attributes (Walker and Avant, 2005).

Mrs. CB, a 45 year old farmer who had completed high secondary school described her income as barely enough to support her household. She did not have any information about additional funding from the Government to support her child's medication and she was unaware of the diagnosis and medication of her son. She thought that her son's illness was caused by magic. So he let her son to smoke cigarettes and took him to a local healer for treatments. She rarely reminded him to take medications regularly. She was also sure that her son will someday be cured without taking medications from the psychiatrist.

### Antecedents

Antecedents were those facts that happened before the concept (Walker and Avant, 2005). The antecedents of family caregivers' competency included: (1) caregiver had been getting information about schizophrenia from psychiatrist, mental health nurse, and other sources or was able to demonstrate competencies; (2) actions was identified and related to knowledge, attitude and skills; and (3) responsibility to provide care for the ill relative.

### Consequences

Consequences were the events that occurred as a result of the concept development (Walker and Avant, 2005). The result of family caregiver's competency consisted of positive and negative outcomes. The consequences were associated with competencies included that are being able to provide good care for the ill relative, reduce the level of family burden, family functioning improvement, prevent the relapse rate and minimize the re-hospitalization rate.

On the other hand, the negative outcomes included absence of family caregiver's competencies.

### Empirical Referents

Empirical referents were very useful in developing and measuring the concept in the case of the actual phenomena. Determining a concept's empirical referents is the final step in the concept analysis. Empirical referents were important in developing instrument and testing methods that was both reliable and valid for the measurement of family caregiver competency (Walker and Avant, 2005).

The Family Caregiving Factors Inventory (FCFI) was used to assess the family caregiving resources, the caregiver's self-expectations, caregiving task difficulty and the knowledge of the care receiver (Shyu, 2000). Gilmore and Cuskelly (2009) used the Parenting Sense of Competency Scale (PSOC) to measure parents' satisfaction with parenting and their self-efficacy, which was reexamined by Johnston and Mash (1989) as cited in Wilkinson (2005).

The Sense of Competence Questionnaire (SCQ) was used to measure the caregiver's feeling of being capable of giving care informally to patients with dementia symptoms. It consisted of three subscales: (1) satisfaction regarding the care on recipient's part (2) satisfaction with one's own performance as a caregiver, and (3)

consequences of involvement of the caregiver as regards to the personal life (Jansen *et al.*, 2007).

### Implication for Research

Family caregiver's competencies are a new concept in psychiatric caregiving. It was therefore important for mental health nurses to evaluate the family caregiver's competencies and the instruments required to develop the family caregiver's competencies. Therefore the mental health nurses are needed to measure family caregiver's competencies during the treatment procedure.

### Implication for the Mental Health Nurse Practice

Mental health nurses should understand the importance of family caregiver's competencies. They are expected to encourage caregivers of the family of the patient to improve their knowledge, attitude and skills so as to provide good care towards the ill relative with schizophrenia.

### CONCLUSION

Family caregiver's competencies are informal. They can provide clear understanding and definition of the concept. The competencies of caregiver are important aspects in providing effective care for loved ones with schizophrenia. If the family caregiver is competent in giving required care, they can help prevent relapse rate, increase family functioning, reduce burden and also prevent re-hospitalization.

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