



**A STUDY TO ASSESS THE RESILIENCE AMONG THE FAMILY MEMBERS OF  
PATIENT WITH ALCOHOL DEPENDENCE**

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**ABSTRACT**

• Handling a family member (men) with alcohol dependence is a challenging task for family members. Regular consumption of alcohol leads to domestic violence and other family problems. Alcohol Dependence is a group of physiological, behavioural and cognitive phenomena, where an individual is highly involved in drinking alcohol than any other activities. Resilience is the ability to bounce back to healthy functioning when an individual (family member) is faced with significant stressors and events. The title of the study was to assess the resilience among the family members of patient with alcohol dependence. The research design adopted for this study was non probability convenience sampling technique. The tool used for this study was resilience scale. The data were collected using interview technique and confidentiality was maintained throughout the study. The time taken for the data collection for each participant was about shad scored high level of resilience; The study result revealed that only two (3.3%),18 (30%) of them scored moderate level of resilience; and most of them, 40 (66.7%) had scored normal resilience. The findings showed that there was no significant association found between the level of resilience and the demographic variables among the family members of patient with alcohol dependence at  $p>0.05$ . The study concluded that the level of resilience of family members is not influenced by their demographic variables.

**KEYWORDS:** alcohol dependence, family members, resilience.

**INTRODUCTION**

When an individual drinks excessively, he fails to meet family, social, work and personal commitments; it leads to family burden, financial problems, loss of employment and conflicts with colleagues and family members. Excessive drinking of alcohol leads to multiple health problems such as gastritis, ulcer, accumulation of fats in the liver, jaundice, liver cirrhosis, slowdown of the brain functioning, poor memory and concentration, blood vessels get damaged, weakened heart muscles causes heart attack, tremors in hands and feet, inflammation of the pancreas, degeneration of muscles due to protein loss and malnutrition and also causes sexual problems such as erectile dysfunction leads to sexual dissatisfaction (Ferris, 2011).

Living with an alcoholic is a family issue. It has often been referred to as a "family illness." All members of the family are affected. However, not all alcoholic families, nor all members of the same family, are affected in a similar manner. To understand the effects of alcoholism on the family, we need to look at the

individual members of the family. There are many factors that can affect members of alcoholic families differently.

Regular consumption of alcohol leads to increased aggression and marital violence. Evidence shows that quarrelling with wives, other family members and neighbours are a regular affair. They demand more money for drinking, when it was not given, the alcoholic husbands beat their wives rudely. Sometimes even the children are also seriously injured. Stealing money and selling of household articles to buy the alcohol are the most often observable behaviour. Under the influence of alcohol, the individual will lose their ability to control their aggression and even they fail to think rationally, and become more impulsive. They may become more violent, abuse others and also involve in domestic violence which results in divorce (Kannappan 2010).

The family resilience with individual with alcohol dependence may be due to many factors and some of the factors are involved with the positive outlook,

spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals and supportive networks (Keri black, 2004). Hence the investigator has taken an effort to conduct the present study to assess the resilience among family members of patients with alcohol dependence.

## B. NEED FOR THE STUDY

Alcohol dependence is not only a problem of the physical health of the individual but also the people who are co-habitating with him. Family disruption due to alcoholism is a very serious problem to be dealt with as it is linked to domestic violence, disruption of family roles, impaired communication in the family, leading to physical and psychological disorders.

Family resilience is a strengths-oriented approach. It tends to emphasize positive outcomes at the overall family system level, within family system, in individual family members, and in the family-ecosystem. Thereby it recognizes the subjective meanings of the family members and brings to the understanding of risk, protection, and adaptation.

Resilience is the ability to bounce back to healthy functioning when an individual (family member) is faced with significant stressors and events. One of the common factors associated with successful adaptation and coping is identified as resilience of individual family members. Previously, researchers have focused on identifying the characteristics of resilient individuals and started to explore the possibility of family resilience and family coping with stress. (Fromawalsh, 2004).

The assessment of level of resilience helps the family members to understand the reality of life to cope up with their own problems, so that they can develop a positive attitude in handling the individual family member with alcohol dependence to overcome the obstacles and other challenges in their life successfully.

With this background, the investigator has conducted this study to assess the resilience among the family members in order to develop strategies towards positive coping for the family members in managing individual with alcohol dependence.

## C. STATEMENT OF THE PROBLEM

A study to assess the resilience among family members of patients with alcohol dependence attending psychiatric inpatient and outpatient department in Sri Ramachandra hospital, Chennai.

## D. OBJECTIVES

1. Assess the resilience among family members of patients with alcohol dependence.

2. Associate the resilience with the selected demographic variables of family members of patients with alcohol dependence.

## E. OPERATIONAL DEFINITIONS

### Assess

Art of estimating the resilience among family members of patients with alcohol dependence using a structured questionnaire.

### Resilience

The mental ability of the family members managing the troubles given by an individual family member with alcohol dependence as measured by Resilience Scale. (Dr. Annalakshmi, 2009).

### Patients with Alcohol Dependence

An individual family member who consumes alcohol excessively for a prolonged period of time, and diagnosed as alcohol dependence attending inpatient and out patient psychiatric department at Sri Ramachandra hospital.

### Family Members

It includes wife, mother, and son who had experienced psychological distress at various period of time during their stay with the individual family member with alcohol dependence in a selected community.

## F. ASSUMPTIONS

1. An individual with alcohol dependence in a family affects the family dynamics.
2. Aware of resilience motivates positive attitude among family members.

## REVIEW OF LITERATURE

The review of literature is arranged in following sections.

1. Prevalence of alcohol dependence.
2. Impact of alcohol consumption to the individual.
3. Emotional problems among family members of patients with alcohol dependence.
4. Resilience among family members of patients with alcohol dependence.

## METHODOLOGY

### RESEARCH DESIGN

The research design of this study was descriptive in nature.

### SETTING

The study was conducted in outpatient and inpatient psychiatric department of Sri Ramachandra Hospital, Porur, Chennai.

### SAMPLE

The samples were the family members accompanying the patients with alcohol dependence who fulfilled the inclusion criteria.

**SAMPLE SIZE**

The sample size was 60.

**SAMPLING TECHNIQUE**

The sampling technique used for was non probability convenience sampling.

**CRITERIA FOR SAMPLE SELECTION****i. Inclusion Criteria**

Family members who were

- a. taking care of patients (mother, wife, and son) with alcohol dependence for more than a year.
- b. accompanied their patient in the outpatient and inpatient psychiatric department.
- c. willing to participate in the study.
- d. able to understand and speak Tamil and English.

**ii. Exclusion Criteria**

Family members who

- a. were diagnosed with psychiatric illness.

**TOOL****Section A: Demographic variables of****Part I**

**Patients:** age, education, occupation, monthly income, marital status, habit of smoking, number of cigarettes smoked per day, amount of alcohol consumed per day, frequency of consumption of alcohol per day, and type of alcohol consumed.

**Part II**

**Family members:** age, gender, type of family, residence, education, occupation, marital status, relationship with patient, monthly income of the family members

**Section B: Resilience scale:** It is a structured questionnaire developed by Dr. Annalakshmi (2009) clinical psychologist from Bharathiayar University to quantify the level of resilience. The scale has got 17 positive items and 13 negative items which is scored in reverse. The scale has got a minimum score of 30 and maximum score of 150.

**Positive Items:** 1, 2, 4, 5, 8-12, 15, 17, 20, 22-26.

**Negative Items:** 3, 6, 7, 13, 14, 16, 18, 19, 21, 27-30.

**INTERPRETATION OF THE SCORE**

The score was interpreted as follows;

1-30	-	Poor Resilience
31-60	-	Low Resilience
61-90	-	Moderate Resilience
91-120	-	Normal Resilience
121-150	-	High Resilience

**VALIDITY AND RELIABILITY**

The research tool used in this study was translated from English version to Tamil and its content validity was obtained from Nursing experts and reliability of the tool was established by split - half method and the tool was found to be reliable with r value of 0.85 for measuring resilience.

**PILOT STUDY**

The permission for the pilot study was obtained from the Institutional Ethics Committee, SRU and the Head of the Department of Psychiatry, SRH, Porur. The pilot study was conducted with six samples from 11/02/2016 to 18/02/2016. The study was found to be feasible and the investigator decided to proceed with the main study without any modification.

**DATA COLLECTION PROCEDURE**

- The data collection procedure was carried out for one month (4 weeks) from 22/02/2016 to 21/03/2016. The researcher obtained formal written permission from the Principal, faculty of nursing; Chairman Ethics committee and the Head of the Department of Psychiatry SRU to conduct the study.

- The purpose of the study were explained to the family members and written informed consent was obtained from them before conducting the study. The researcher selected the samples by using non probability convenience sampling technique.

- The investigator collected data through interview technique on demographic variables and standardized resilience scale from 60 samples who were satisfying the inclusion criteria.

- The data were collected using interview technique in a separate room located in the Psychiatric OPD and Psychiatric ward, G-block, SRH and confidentiality was maintained throughout the study. The time taken for the data collection for each participant was about 15 – 20 minutes using English or Tamil language.

**DATA ANALYSIS AND STATISTICAL METHODS USED****• Descriptive statistics**

Descriptive methods used were frequency and percentage

**Inferential statistics**

Chi square test was used to associate the level of resilience with the selected demographic variables of the patients and their family members of patients with alcohol dependence.

**Table3. Level of resilience among family members of patients with alcohol dependence (N= 60)**

Level of resilience	Frequency	Percentage
Poor resilience	-	-
Low resilience	-	-
Moderate resilience	18	30
Normal resilience	40	66.7
High resilience	2	3.3

**Table1. Frequency and percentage distribution of demographic variables of the family members of patients with alcohol dependence (N=60)**

S. No	Demographic Variables	No.	%
1.	<b>Age( in years)</b>		
	a) 21-30	9	15
	b) 31-40	9	15
	c) 41-50	18	30
	d) 51-60	12	20
2.	<b>Gender</b>		
	a) Male b) Female	5 55	8 92
3.	<b>Marital status</b>		
	a) Single b) Married	6 54	10 90
4.	<b>Education</b>		
	a) No formal education	19	31.7
	b) Primary education	21	35
	c) Higher education	11	18.3
5.	<b>Occupation</b>		
	a) Daily wages	23	38.3
	b) Business	13	21.7
6.	<b>Family member's monthly income in rupees</b>		
	a) 1001-5000	12	20
	b) 5,001-10,000	10	16.7
	c) 10,001-15,000	18	30
	d) 15,001-20,000	12	20
7.	<b>Type of family</b>		
	a) Nuclear family b) Joint family	42 18	70 30
8.	<b>Area of residence</b>		
	a) Rural	16	26.7
	b) Semi-Urban	27	45
9.	<b>Relationship with patient</b>		
	a) Mother	9	15
	b) Wife	46	76.7
	c) Son	5	8.3

**DISCUSSION**

• The first objective of the study was to assess the level of resilience among family member of patient with alcohol dependence

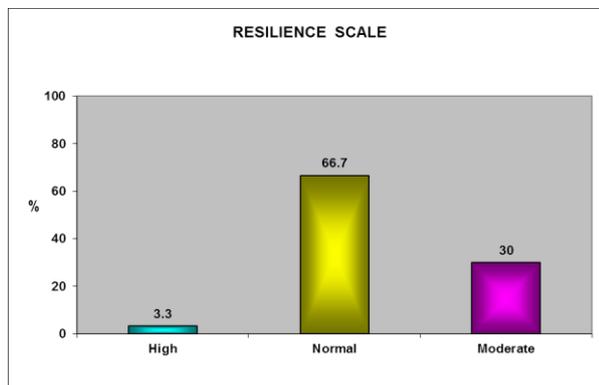
• The study showed that only two (3.3%) of them had scored high level of resilience; 18 (30%) of them scored

moderate level of resilience; and most of them, 40 (66.7%) had scored normal resilience.

- A similar study conducted by Jeffrey. M. Jones (2014) on the reports of alcohol – related family problems among family members who have dealt with alcoholism in U S revealed that on an average, 49% of them said alcohol has been a cause of family problems when their alcoholic family members consumed alcohol on the occasion and 50% of them expressed that after abstained from the alcohol was the reason for the causes of family problems due to withdrawal syndrome.

- **The second objective of the study was to associate the level of resilience with demographic variables of the family members of patients with alcohol dependence.**

- There was no statistical significant association found between level of resilience and any of the demographic variables of the family members of patient with alcohol dependence at  $p > .05$



#### LIMITATIONS

1. The data collection period was limited to one month.
2. The sample size was small.

#### NURSING IMPLICATIONS

1. Nursing Practice
2. Nursing Education
3. Nursing Administration
4. Nursing Research

##### 1. Nursing administration

The in service education coordinator should conduct in service education program for the nurses on methods of promoting resilience among family members periodically. The nurse administrator in the psychiatric unit should provide support in organizing programs on resilience for nursing staff to implement resilience for family members to promote their wellbeing.

##### 2. Nursing practice

When the level of resilience is high, the family members can enhance the ability to take wise decisions during crisis situation and problem solving skills. Hence nurses

should educate the family members on various measures of promoting resilience.

#### 3. Nursing education

The nursing curriculum has the psycho education as an integral part of nursing care. The faculty must ensure that the students impart psycho education in order to promote knowledge of family members in handling crisis situation will be very effective when facts are expressed with various examples and cues.

#### 4. Nursing research

The review of literature reveals that less number of the research have been done on family resilience. Hence the nurse re- searcher should identify various dimensions of the family members, which can influence the resilience and prepare a module to bring up a healthy family environment.

#### RECOMMENDATION

This study can be replicated on larger samples. The similar study can be conducted in the community. The study can be done on the longitudinal basis.

#### CONCLUSION

The present study reveals that most of the family members have the level of resilience above normal resilience level. Handling a family member (men) with alcohol dependence is a challenging task for the family members. The level of resilience of the family members is not influenced by their demographic variables.

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