

Quality of life of care giver of chronic psychiatric patients with its associates**Ashok Arora¹, I. D. Gupta², Gajendra Singh Sisodia^{3*}, Lovesh Saini⁴, Kusum Gaur⁵, Anuradha Yadav⁶**¹Senior Resident, Department of Psychiatry, SMS Medical College, Jaipur, Rajasthan, India²Senior Professor, Department of Psychiatry, SMS Medical College, Jaipur, Rajasthan, India³Assistant Professor, Department of Community Medicine, NIMS Medical College, Jaipur, Rajasthan, India⁴Assistant Professor, Department of Community Medicine, SMS Medical College, Jaipur, Rajasthan, India⁵Senior Professor, Department of Community Medicine, SMS Medical College, Jaipur, Rajasthan, India⁶Senior Professor, Department of Physiology, SMS Medical College, Jaipur, Rajasthan, India**Received: 27-11-2021 / Revised: 22-12-2021 / Accepted: 09-01-2022****Abstract**

Introduction- Chronically ill psychiatric patients require assistance from their family members for their supervision and even in daily activity of life. Often this impose a major burden on caregivers, placing them at a great risk of mental and physical problems leading to impaired quality of life. **Methodology-** A cross-sectional study was conducted on 60 care givers of patients with chronic psychiatric illness. WHO-QOL BREF scale was used to assess quality of life. Chi-square test was use to find out associations. **Result-** Mean age of caregivers was 36.8 years with mean care giving years 22.3 years. Majority of care givers were mails with M:F ratio 5. The mean total score of QOL care givers was found excellent (87.8%) i.e. 98.37 with standard deviation 6.97. Maximum QOL score was found in physical domains followed by environmental, psychological and social domain of Qol. Social domain was most affected domain. These variation of score as per various scores was found with significant variation. On further analysis in this study no association was found between QOL scores and characteristics of care givers. **Conclusion:** Although in many studies quality of life of care givers was found badly affected but surprisingly in this study it was not found much affected. Social domain was most affected domain As most affected domain was found social which may be because of social stigma attached to it, so awareness in community is needed.

Keywords- Care Givers, Psychiatric illness, Quality of Life, WHO-QOL BREF

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Introduction

Psychiatric morbidity are emerging as a global major public health with increasing stressful situations with urbanization and development of the world. And in country like India with paucity of psychiatric care facilities, social security system and above all social stigma attached to it, these patients stay in their families most of the times[1,2]. So the role of the family becomes more important[3]. But it becomes very difficult to handle these mentally ill patients by their family members. And it poses a burden on family members for their effect on the patient's symptoms, mood, and need for emotional and physical support[4,5]. Chronically ill patients need assistance or supervision in their daily activities often placing a major burden on caregivers, placing them at a great risk of mental and physical problems and an impaired quality of life. In developing countries like India, the trend of deinstitutionalization places considerable burden for family caregivers who takes the sole responsibility of taking care of chronically ill patients[6]. In the health field, quality of life (QoL) is one of the most important components associated with delivering an integral service to an ill person and their family, emphasizing the subjective perspective held by the patient and the family. QoL of caregivers is affected in many direct and indirect ways[6]. Majorities of studies are conducted on quality of life of psychiatric patients but there are very few studies on QOL of care givers of these psychiatric patients. In India there is paucity of studies in this field that to in Rajasthan.

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So this study was aimed to assess the quality of life (QOL) of caregivers of patients with chronic psychiatric illnesses and its associates in capital of Rajasthan

Methodology

This cross-sectional study was conducted on 60 care givers of chronic psychiatric patients attended at department of Psychiatry of SMS Hospital Jaipur (Rajasthan) India.

For chronicity of illness, patients of psychiatric illness of atleast 2 years was considered. The diagnosis of chronic psychiatric illness was made according to ICD-10[7] on independent interview by two psychiatrists.

A caregiver has been defined as a family member who has been living with the patient and has been closely involved in his/her activities of daily living, health care, and social interaction for more than a year[8]. For caregivers were of age from 18 to 60 years of either sex, so that extremes of ages were avoided which can be confounding for QoL. Likewise, care givers with co-existing other significant physical or mental disease which may interfere in interviewing for QoL were also excluded.

Sample size was calculated 57 subjects at 95% confidence limit and absolute error of 3.5 score expecting 13.34 total mean score of quality of life as per WHOQOL-BREF[9] Finally 60 care givers of Chronic psychiatric illness patients were included for study.

These care givers were interviewed by using a especially designed semi-structured proforma i.e. WHO QOI Bref[9].

WHOQOL-BREF[10] is a self-administered questionnaire comprising 26 questions on the individual's perceptions of their health and well-being over the previous two weeks. Responses to questions are on a 1-

5 Likert scale where 1 represents "disagree" or "not at all" and 5 represents "completely agree" or "extremely"[10].

Ethical consideration

This study was approved from form research Review Board and Institutional Ethics Committee of SMS Medical College, Jaipur (Rajasthan) India. Written inform consent was taken from each of the study participant. Observations were made anonymous without declaring the names of study participants.

Statistical Analysis

Discrete data were expressed in percentage and continuous data were expressed in mean with standard deviation. Significance of difference in various domains of WHO QOL BREF scale scores were inferred

by ANOVA and post hoc Tukey test of significance. Associations were found by unpaired 't' test. for significance p value <0.05 was accepted as significant. Analysis were done by Microsoft excel and statistical software Primer version 6.

Results

Characteristics of patients of chronic psychiatric illness

In this present study, mean of patient of chronic psychiatric illness was 35.33 years with standard deviation 12 years. Equal number of male and female were there. Majority (60%) of patients were married. Majority were from urban areas (76.7%), from nuclear family (86.7%) and Hindu by religion (83.3%). Mean age of patients at onset of illness was 27.6 years and mean duration of illness was 7.8 years. (Table 1)

Table No. 1: Characteristics of Patients of Chronic Psychiatric Illness (N=60)

S. No.	Variables		Chronic Psychiatric Cases	
			Number	Percentage
1	Age (Mean \pm SD) Years		35.3 \pm 12	
2	Sex	Male	30	50
		Female	30	50
3	Marital Status	Married	36	60
		Others (Unmarried/Divorce)	24	40
4	Religion	Hindu	50	83.3
		Non-Hindu	10	16.7
5	Family Type	Nuclear	52	86.7
		Joint	8	13.3
6	Locality of Residence	Urban	46	76.7
		Rural	14	23.3
7	Age at Onset of Illness (Mean \pm SD) Years		27.6 \pm 9.9	
8	Duration of Illness (Mean \pm SD) Years		7.8 \pm 6.7	

Characteristics of care givers of patients of chronic psychiatric illness

In this present study, mean of care givers of patient of chronic psychiatric illness was 36.8 years with standard deviation 11.5 years. Male to female ratio of care givers was 5. Majority (73.3%) of patients were married. Majority were from urban areas (76.7%), from nuclear family (86.7%) and Hindu by religion (83.3%). Majority of care givers were educated less than graduation. And 36.7% of care givers were unemployed and majority of care givers were earning upto Rs 15000 per month. (Table 2)

Table No. 2: Characteristics of care givers of patients of Chronic Psychiatric Illness (N=60)

S. No.	Variables		Care Givers	
			Number	Percentage
1	Age (Mean \pm SD) Years		36.83 \pm 11.46	
2	Sex	Male	50	83.3
		Female	10	16.7
3	Marital Status	Married	44	73.3
		Others (Unmarried/Divorce)	16	26.7
4	Religion	Hindu	50	83.3
		Non-Hindu	10	16.7
5	Family Type	Nuclear	52	86.7
		Joint	8	13.3
6	Locality of Residence	Urban	46	76.7
		Rural	14	23.3
7	Occupation (Un: Other)	Unemployed	22	36.7
		Employed	38	63.3
8	Education (Gr: Other)	Un-graduate	36	60
		Graduate	24	40
9	Income per month (Rs)	Upto 15000	32	53.3
		>15000	28	46.7
10	Relation to Patient	1 ST Degree Relatives	30	50
		Other than 1 ST Degree Relatives	30	50
11	Duration with Patient (Mean \pm SD) Years		22.33 \pm 8.8	

It was observed in this study that overall quality of life of care givers of chronic psychiatric illness was 98.37 as per WHOQOL BREF

scale. Qol of care givers as various domains is concerned, it was found maximum in physical domains followed by environmental,

psychological and social domain of Qol. So social domain was affected most followed by psychological and environmental. (Table 3) When significance of difference in mean QOL scores was analyzed by one way ANOVA , it was found significant (P<0.001). When it was

further analyzed by post hoc Tukey test, it was revealed that mean score of all the domains were found significantly (P<0.05) different except there was no significant different between mean scores of physical and environmental domains (P>0.05).

Table No. 3: Quality of Life of Care-givers of patients of psychiatric illness

S. No.	Domains	Quality of Life Scores
1	Physical	28.97 ± 2.56
2	Psychological	22.06 ± 2.73
3	Social	12.05 ± 1.67
4	Environmental	27.80 ± 3.24
Total WHO QOL BREF Score		98.37 ± 6.97

ANOVA - Analysis of Variance ---P<0.001 LS=S

Post hoc Tukey Test

Comparison	Difference of means & SE	p	q	P<.05
Physical and Psychological:	28.97 - 22.06 = 6.91	0.3372	4 20.491	Yes
Physical and Social:	28.97 - 12.05 = 16.92	0.3372	4 50.174	Yes
Physical and Environmental:	28.97 - 27.8 = 1.17	0.3372	4 3.469	No
Psychological and Social:	22.06 - 12.05 = 10.01	0.3372	4 29.683	Yes
Psychological and Environmental:	27.8 - 22.06 = 5.74	0.3372	4 17.021	Yes
Social and Environmental:	27.8 - 12.05 = 15.75	0.3372	4 46.705	Yes

When association of mean total QOL scores with various characteristics were analyzed, it was found that although higher scores were observed in care givers of upto 30 years of age, females, married, non Hindus. joint families, rural areas, unemployed, educated less than graduate, earning more than Rs 15000 month, other than 1st degree relatives and living with patient of less than 10 years disease duration than their counter part but none of the characteristic was found to be associated with mean total QOL scores (P>0.05). (Table 4)

Table No. 4: Association of quality of life with Characteristics of care givers of patients of Chronic Psychiatric Illness (N=60)

S. No.	Variables	Care Givers			P Value LS
		Total Number	QOL Score Mean	SD	
	Age	Upto 30 Years	15	99.8	0.057 NS
		>30 years	45	97.6	
2	Sex	Male	50	87.3	0.590 NS
		Female	10	99.6	
3	Marital Status	Married	44	99.2	0.543 NS
		Others (Unmarried/Divorce)	16	97.6	
4	Religion	Hindu	50	98.2	0.882 NS
		Non-Hindu	10	98.9	
5	Family Type	Nuclear	52	98.5	0.789 NS
		Joint	8	99.9	
6	Locality of Residence	Urban	46	97.6	0.677 NS
		Rural	14	99.4	
7	Occupation (Un: Other)	Unemployed	22	99.8	0.292 NS
		Employed	38	97.2	
8	Education (Gr: Other)	Un-graduate	36	99.5	0.150 NS
		Graduate	24	96.2	
9	Income per month (Rs)	Upto 15000	32	97.2	0.304 NS
		>15000	28	99.6	
10	Relation to Patient	1 ST Degree Relatives	30	97.5	0.430 NS
		Other than 1 ST Degree Relatives	30	99.3	
11	Duration with Patient	Upto 10 years	34	99.7	0.174 NS
		>10 years	26	96.8	

Discussion

In this present study, overall quality of life of care givers of chronic psychiatric illness was found very good (87.8%) having 98.37 WHOQOL BREF scale score. Whereas Basheer, S et al[11] reported very low quality of life in care givers of patients of chronic mental illness i.e. 13.34 mean total WHO QOL BREF scale score. Other authors[6,12,13,14,15] have also reported lower quality of life in care givers of mentally ill patients. In comparison of 98.37 total mean QOL scores of care givers in present study, Anli Leng et al[15] observed 68.3 and Nazish Imran et al[13] observed 60.

It was also revealed in this study that maximum score was of physical domains followed by environmental, psychological and social domain of Qol. So social domain was most affected domain followed by psychological and environmental. This variation was found with significant variation in various domains except in physical and environmental domains. Whereas Basheer, S et al[11] found most affected was psychological domain and the least was physical domain in their study and Gholami A et al[16] reported physical the most affected domain. So various studies having different most affected domain which may be because of regional variations.

In present study no association of QOL scores was found from various characteristics of care givers. Whereas Basheer, S et al[11] found association of mean WHOQOL scores as per care giver's age and care giving years affecting most of elderly and more care giving years. Lin JD et al[17] in Taiwan also found significantly lower quality of life in elderly and giving more care years. Other authors[18,19] also found association of Qol of care givers with age, care giving years and education. Arti et al[20] found association of QOL of care givers with education and occupation. But Vikrant et al[21] have observations similar to present study that no association of quality of life with characteristics of care giver. This difference in present study and study conducted by Vikrant et al[21] with other authors may be because total overall quality of life was found excellent in their study participants.

Conclusions

Although in many studies quality of life of care givers was found badly affected but in few studies including this study it was not found much affected. Social domain was most affected domain followed by psychological and environmental. Least affected domain was physical. As most affected domain was found social which may be because of social stigma attached to it. So awareness in community is needed.

References

- Dani MM, Thienhaus OJ. Characteristics of patients with schizophrenia in two cities in the U.S. and India. *Psychiatr Serv*. 1996;47:300–1.
- Thara R, Kamath S, Kumar S. Women with schizophrenia and broken marriages – Doubly disadvantaged?. Part II: Family perspective. *Int J Soc Psychiatry*. 2003;49:233–40.
- Kate N, Grover S, Kulhara P, Nehra R. Relationship of caregiver burden with coping strategies, social support, psychological morbidity, and quality of life in the caregivers of schizophrenia. *Asian J Psychiatr*. 2013;6:380–8.
- Schene AH, van Wijngaarden B, Koeter MW. Family caregiving in schizophrenia: Domains and distress. *Schizophr Bull*. 1998;24:609–18.
- Talwar P, Matheiken ST. Caregivers in schizophrenia: A cross cultural perspective. *Indian J Psychol Med*. 2010;32:29–33.
- Kaushik P, Bhatia MS. Burden and quality of life in spouses of patients with schizophrenia and bipolar disorder. *Delhi Psychiatry Journal*. 2013;16:83–9
- <https://www.who.int/standards/classifications/classification-of-diseases>
- Glossary of Aging Terms. Department of Health and Human Services. 2005. Available from: <http://www.eldercare.gov/eldercare/public/resources/glossary.asp>
- https://www.who.int/mental_health/media/en/76.pdf
- Group TW. The World Health Organization quality of life assessment (WHOQOL): Development and general psychometric properties. *Soc Sci Med*. 1998;46:1569–85
- Basheer, S., Anurag, K., Garg, R., Kumar, R., & Vashisht, S. (2015). Quality of life of caregivers of mentally ill patients in a tertiary care hospital. *Industrial psychiatry journal*, 24(2), 144–149.
- Gururaj GP, Bada Math S, Reddy JYC, Chandrashekar CR. Family burden, quality of life and disability in obsessive compulsive disorder: an Indian perspective. *J. Postgrad. Med*. 2008; 54: 91–97
- Nazish Imran, Muhammad Riaz Bhati, Imran Ijaz Haider, Lubina Azhar, Amna Omar, Ahsan Sattar. Caring for care givers: mental health, family burden and quality of life of care givers of patient with mental illness. *Journal of Pakistan Psychiatric Society*. Jan-June 2010. 7(1);23-26
- Asima Mehboob Khan, Rizwan Taj, Arfeen Fatima, Syeda Farhana Kazmi. Quality of Life of Caregivers and Non Caregivers Ann. Pak. Inst. Med. Sci. 2015; 11(1): 35-39
- Anli Leng Caifen Xu Stephen Nicholas Jennifer Nicholas Jian. Quality of life in caregivers of a family member with serious mental illness: Evidence from China. *Archives of Psychiatric Nursing* 33 (2019) 23–29
- Gholami A, Jahromi LM, Zarei E, Dehghan A. Application of WHOQOL-BREF in measuring quality of life in health-care staff. *Int J Prev Med*. 2013;4:809–17
- Lin JD, Hu J, Yen CF, Hsu SW, Lin LP, Loh CH, et al. Quality of life in caregivers of children and adolescents with intellectual disabilities: Use of WHOQOL-BREF survey. *Res Dev Disabil*. 2009;30:1448–58
- Chien WT, Chan SW, Morrissey J. The perceived burden among Chinese family caregivers of people with schizophrenia. *J Clin Nurs*. 2007;16:1151–61
- Hadrys T, Adamowski T, Kiejna A. Mental disorder in Polish families: Is diagnosis a predictor of caregiver's burden? *Soc Psychiatry Psychiatr Epidemiol*. 2011;46:363–72
- Aarti ., Ruchika ., Rajesh Kumar, Arun Varghese. Depression and quality of life in family caregivers of individuals with psychiatric illness. *International Journal of Community Medicine and Public Health*. February 2019; 6(2):715-719
- Vikrant Nesari and Sudha Raddi. Determine the Quality of Life among the Caregivers of Mentally ill Patients. *International Journal of Recent Innovations in Medicine and Clinical Research*. 2020;2(2):71-78

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