Original article

Sociodemographic Association of Caregivers Burden with Schizophrenia Disorder

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Abstract:

Objective: The aim of this study is to find out a relationship between life satisfaction and caregiver burden among patients who are suffering from psychiatric illness. ***Materials and methods:*** The sample size of this study was 170 psychiatric patients. Primarily consent was received from the higher authorities of the psychiatric hospitals and rehabilitation centers in Karachi. Zarit Burden Interview Scale (ZBIS) and Satisfaction with Life Scale (SWLS) were used. Psychiatric patients were divided into schizophrenia disorder (n = 85) and bipolar disorder (n = 85). Data were analyzed by statistics software (SPSS, version, 20.0). The sample was constituted with male 75 (44.1%) and females were 95 (55.9%). The average age range of caregivers was between 19 and 60 years with M = 44.74 and SD = 12.05 years.***Results :*** The results indicated that caregiver burden was a significant predictor of satisfaction with life in patients with schizophrenia disorder [R^2, .554; F (1.84) = 36.711, p<.000]. A significant difference was also observed between male and females caregivers of psychiatric patients on the variable of caregiver burden and satisfaction with life scale (i.e. t=-3.129; p=.<002; t=3.528; p=.<.001). ***Conclusion:*** It is concluded that caregiver burden significantly affects the level of mental health of the caregivers of patients with psychiatric disorders.

Keywords: Caregiver burden; patients; schizophrenia; bipolar; life satisfaction.

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Introduction: The concept of serving a person who is essentially trying to help others as a care provider for a mentally ill patient has recently spread throughout the world, and helping is an important matter in the rehab of a person with a psychiatric illness.[1] These psychological issues in the aforementioned types of caregivers tend to cause distress and raise care provider emotional health issues, and these have been linked.[2] Furthermore, the persistent illness rises the stress levels of carers, particularly caretakers, has a negative effect on their social lives and interpersonal relationships, and markedly lowers partner satisfaction.[25] Carers tend to offer psychotic patients a chance to be cared for while compromising their major societal, physical, and expressive desires and needs, causing them to encounter various mental issues. [3,24] This may all risk exposing carers to mental health issues. We studied the prevalence of various psychological conditions in carers and revealed how their mental

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state is significantly affected. [3] In contrast to similar researches conducted in Pakistan that assessed the characteristics of mentally and emotionally ill people on carers, this research gives an in-depth account overview of the psychological well-being and other variables described in the mental health inventory. Stressful events can result in concurrent psychological problems, but the scenario for male and female carers with mental condition is varying. Work-life satisfaction, family life satisfaction, and the potential to successfully correlate both are important sources of mental comfort for both genders in the employees. [4,22] Society often hesitates to people with psychological ailment rather than unconditionally helping people with mental illness. Even neighbors and families look down on sick people and care takers. There is a message that there is an essential need to spread public alertness about the mental illness that most psychological diseases are simply treatable and patients can lead a near regular lifetime in the society. This helps in reducing disgrace related with psychological illness, helps people with mental illness integrate into community and thus reduces the stress confronted by caretakers. But, social growth also have commanded to public situation when sympathy and cheering are delayed [5]. Evidence suggests that it would be unrealistic to think of promoting and preventing responsibility for mental health solely within mental health professionals [6]. It is also essential to create community-based mental fitness facilities that decrease the distance that people with mental ailments and their caretakers have to travel to seek treatment [7].

This study will help the professionals to manage and understand the problems of caregivers of patients with psychiatric illness, especially families who understand mental illness and people with mental illness. Information about common mental illnesses, especially patients, helps them feel confident in dealing with them [8]. Moreover, caregiver becomes more experienced and self-possessed, delivering harmless and competent care to patients. This can indirectly diminish the caregiver's burden by dropping the caregiver's burden and improving the sense of certainty and control and promoting cohesion in the family. In addition, caregivers are extra experienced and confident in providing harmless and skilled care to their patients. Extra schooling and extra involvement of practice group of workers in the help and identity of caregivers seems recommended [9]. This can reduce the load on the caregiver,increase the.awarness. of security and management, and Promote family unity, thereby indirectly reducing the burden on the caregiver [10].

Methodology:

The present examination investigates the relationship among fulfillment in life alongside parental figure trouble among patients with mental issues. The examination was directed by utilizing the accompanying procedure:

- Collecting basic information of the patient
- Administration of surveys questionnaires
- Statistical investigation of the information

Examining/Specimentation:

The example of this examination contained 150 mental patients. Purposive sampling technique was applied for data collection. Mental patients were ordered into persistent with schizophrenic issue (N=75) and patient with bipolar issue (N=75). The subjects were gathered from the diverse psychological clinics of the Karachi. The total numbers of male were (45.3%) 68and females were (54.7%) 82. Test was additionally ordered into single (54.7%) 82, wedded (34.7%) 52 and separated/divorced from (10.7%) 16 individuals. The subjects were included as patients with length of sickness under 5 years (40.7%) 61, over 5 and under 10 years were (24%)36, over 10 and under 15 years were (13.3%) 20 and patients with span of disease 15 years or more were (22%) 33. A total number of (69.3%) 104patients were taking drugs, 8(5.3%) patients were on psychotherapy and (25.3%) 38patients were taking both prescription and psychotherapy. Moreover, subjects from joint family framework were 81(54%) and from family unit framework were (46%) 69. Additionally, in study, it was investigated some information about the caregivers. The subjects age range was 19-58 years with M=30.82 and SD= 9.04 years. There were (56.7%) 85male caregivers and (43.3%) 65females' caregivers of the mental patients. The profession of caregivers was as, on job (32%) 48, jobless (55.3%) 83; housewife (8%) 12 and understudies 7(4.7%). The legal guardian's age range was 19 to 60 years, with M = 44.82 and SD = 12.18 years.

Inclusion and Exclusion Criteria

1. In this investigation, the analysis of schizophrenia and bipolar issue were incorporated. The subjects having co morbidity with other mental issue or with therapeutic illnesses were unobserved.

The subjects who met the investigation criteria but they are not under any medicinal or psychotherapeutic treatment were not included in the examination. Patients with any sort of learned and physical incapacity were not included.

2. Single caregiver for each subject was selected in the assessment and the individuals, who have essential obligation to take care of the patients, were included in the investigation. Caregivers who were encountering any sort of psychiatric disorder, scholarly inability or any illness that could influence their discernment or mental capacities were exclude from this examination.

Measures

A three segment review questionnaire was utilized to attempt this assessment. The first segment was comprised of informed consent regarding caregiver showing that the review was willful and they were also informed that the data composed will remained confidential. The second part contained demographic data and the third part used a validation survey.

Demographic Form : Demographic data is divided into two sections, initial segment was related to personal data (for example the arrangement of families, gender, age, and social status, period of ailment and so on.) and second part is identified with guardian's data for example age, sex, orientation, occupation and so forth.

Ethical clearance:

The research related to human use has complied with all the relevant national regulations and institutional policies, has followed the tenets of the Declaration of Helsinki, and has been approved by the Board of Advanced Studies and Research of University of Karachi on November 28th, 2017 (BASR/No./03704/Sc.). All participants were provided with written informed consent before their participation in the study

Results:

Demographic characteristics of Caregivers sample:

Women caregivers informed extra adverse properties on the physical and psychological well-being of others and were more prevalent to mental health difficulties, containing nervousness and depression. While some researchers have concluded no gender gap in caregiver stress and caregiver mental wellbeing, much of the current literature has shown that

Table I: Demographic Features of Caretakers

Variables	*Groups*	*Incidence*	*Percent*	*Effective Percent*	*Collective Percent*
Caregiver Qualification	Primary	5	3.3	3.3	3.3
	Middle	6	3.5	3.5	3.5
	Metric	9	5.3	5.3	8.8
	Intermediate	31	18.2	18.2	27.1
	Graduate	21	12.4	12.4	39.4
	Masters	39	22.9	22.9	62.4
	Uneducated	27	15.9	15.9	78.2
	Total	37	21.8	21.8	100.0
Caregiver Occupation	Employed	51	30.0	30.0	30.0
	Jobless	96	56.5	56.5	86.5
	House wife	13	7.6	7.6	94.1
	Pupil	10	5.9	5.9	100.0
	Over-all	170	100	100	
Caregiver Qualification	Primary	6	3.5	3.5	3.5 Cont….
	Middle	9	5.3	5.3	8.8
	Matric	31	18.2	18.2	27.1
	Intermediate	21	12.4	12.4	39.4
	Graduate	39	22.9	22.9	62.4
	Masters	27	15.9	15.9	78.2
	Uneducated	37	21.8	21.8	100.0
	Total	170	100.0	100.0	

N= 170

those person who takes care of a woman is worse than a person who takes care of a man. And in the overall public, women are 1.5 to 3 times more likely to suffer from hopelessness than men a that has been commonly documented in literature and can be explained by both living and community influences.

One hypothesis is the gender role theory, where female care takers are extra ordinary sensitively related to the sufferer, compromise their community life more and prospectively less to pursue additional support and resources. Therefore, experience more pressure and anxiety.

The potential explanation could be the diverse surviving mechanisms used by women and men. Women are more likely to resort to sensitive handling techniques that typically causes a higher sense of stress and hopelessness. On the other hand, people practice surviving mechanisms that emphasis on

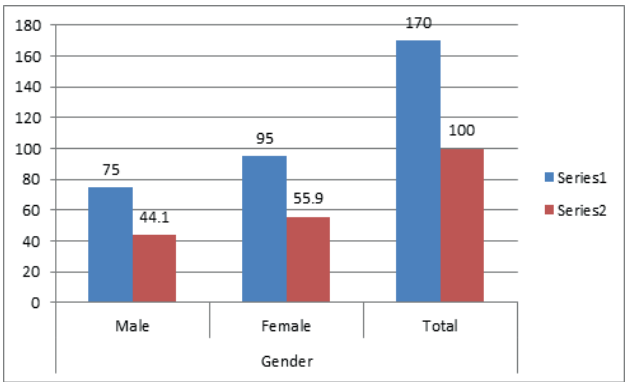

Figure 1: Demographic characteristics of care givers sample (Gender)

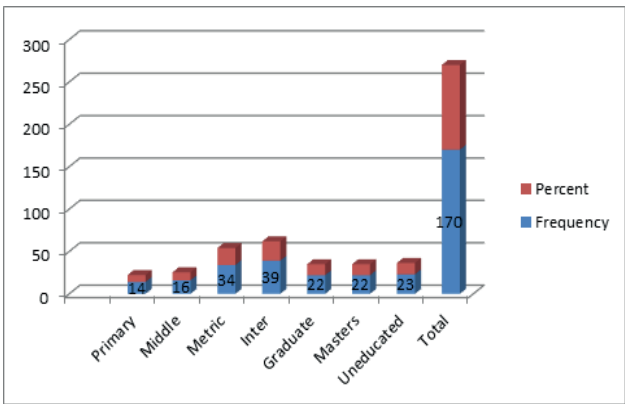

Figure 2: Demographic characteristics of caregiver's sample (Qualification)

resolving difficult situations and thereby suppressing their sensitive responses. 23

Table II: Mean scores of socio-demographic characteristics of caregivers

	N	Minimum	Maximum	Mean	SD
Caregivers' Age	170	19.00	60.00	44.7471	12.05611

Discussion:

Demographic patterns reveal that the burden is disproportionately borne by women, widows, and separated care - givers. These findings are consistent with those of Navidian and Bahari (2008) [11]. The care provider burden was highest among women, the elderly, and divorced carers, according to their study results. The unique possible cause of the complex load experienced by female carers could be the various roles that a woman has in nearly all households, including household chores, child care, being the primary carer for patients or the elderly in the family, and sometimes jobs.

On the carer burden scale, female carers were discovered to differ significantly from male carers. Furthermore, female carers were found to be significantly different from male carers on the variable of lifetime satisfaction. In this study, 72% of carers had higher levels of stress. It could be due to the data, which was made up of patients who were admitted to a hospital. A study of hospitalised psychiatric patients in India found that the burden on carers of psychiatric patients was significantly greater in comparison to chronic health conditions. [10] Another research study conducted in Pakistan up to 83% of mental distress. Because of regional and cultural strong similarities, our outcomes are based on previous studies recently conducted in South Asian countries.

Female carers reported having a negative effect on the physical and mental health of others and being more likely to suffer from psychological problems such as anxiety and depression. While some previous researches have found no gender differences in caregiver depression and mental health, [12] Most of the current research indicates that female caretakers are in a worse situation than male caretakers, It's evident. [13] In addition, women are 1.5 to 3 times more prone than men to suffer from depression,which is well known and can be described by both biological and societal impacts.[14]

The sex-role theory proposes that female attendants have a close emotional connection, are patient, are less likely to endanger their lives, and are less likely to ask for additional assistance and resources. As a result, they are confined to greater pressure and stress. One possible explanation is that men and women use different coping strategies, with women using them more frequently. Managing strategies frequently result in high levels of stress and hopelessness. [15] People, on the other hand, use handling strategies that emphasise dealing with challenging situations while avoiding distractions, thereby trying to suppress their emotional responses. [16] This study investigates whether women have higher rates of depression as caregiver, but the findings are not significant statistically. Several studies have revealed a range of social characteristics that may contribute to carer stress. On the other hand, studies in India, Sri Lanka, and Pakistan discovered that sex was not the primary cause of depression [17]. In this study, carer stress was found to be highest among carers who had been caring for patients for more than a year. [16]

Furthermore, we discovered that a lower level of education is linked to a higher level of depression.

Previous research and publications have yielded conflicting results, with some claiming that lower education levels result in greater levels of stress. Few studies have found that advanced education increases stress levels. The majority of the information in this study came from couples and parents. The current study's findings are consistent with other studies in which parents and their partners were included in the mainstream of carers (Perlick et al., 2012). [18] Furthermore, we discovered The depression rate was slightly higher among parents compared to peers (83.33% vs 81.81%), but the difference was not identified as significant. This study supports the findings of a previous study, which found that stress levels differed between two groups of carers (Schulz & Sherwood, 2008) [19]. In this study, carers for both diseases reported the same level of anxiety. While 72% of Schizophrenia and BPAD carers had a high rate of illness depression. There have been only a few investigations comparing the load on the two groups (Chadda, Singh & Ganguly, 2007).[20] The current study's findings contain varying opinions from previous research and literature, from some previous studies that indicate a high level of depression among schizophrenia carers, and recent research indicates a similar burden between these two diseases' caregiver (Nehra et al., 2005). [21,23] The current findings did not match those of previous studies. It was discovered that carers of schizophrenic patients and carers of bipolar disorder differs significantly significantly in terms of several parameters that were more burdensome for carers of bipolar disorder. Caregivers of bipolar patients are under a lot of stress because of their violent and aggressive behavior. Some claim that carers with bipolar disorder face the same burden and cost of care as carers with schizophrenia (Chadda, Singh, & Ganguly, 2007) [20]. Others, however, claimed that the burden on schizophrenia carers was greater (Chakrabarti, Raj, Kulhara, Avasthi , & Verma, 1995). Previous studies focused on external schizophrenias and bipolar disorder carers. As a result, the consequences cannot be replicated in general, 2012).

Conclusion:

There is a significant gender differences in the variability of the Caregiver variability among caregivers of psychiatric patients. There may be noteworthy gender variations in the level of fulfilment or satisfaction with life expectancy among caregivers of mental illnesses patients.

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Conflict of Interest:

The author (s) have no conflict of interest regarding any of the activity perform by BJMS.

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