



Original Article

Association between satisfaction with life and caregiver burden, among psychiatric patients

Farkhanda Emad¹, Saima Masoom Ali², Farhan Ishaque³,
Aftab Ahmed Mirza¹, Hayatullah khalid⁴ & Abid Kamal Ansari⁵

¹Sindh Institute of Physical Medicine & Rehabilitation, Karachi-Pakistan.

²Department of Psychology, University of Karachi, Karachi-Pakistan.

³Dow Institute of Physical Medicine & Rehabilitation, Dow University of Health Sciences, Karachi-Pakistan.

⁴Multan College of Physiotherapy, Multan Medical & Dental College, Multan-Pakistan.

⁵College of Physiotherapy, Jinnah Postgraduate Medical Centre, Karachi-Pakistan.

Abstract

Background: People who are dealing with psychological disorders are not able to take care of themselves; therefore, their family has to take care of them. While dealing with psychological issues is itself difficult for their family members. Schizophrenia and Bipolar disorder are psychological severe disorder that has a considerable influence not only in the patient but also for the entire family. This study aims to determine a relationship between life satisfaction and caregiver burden among caregivers of patients suffering from psychiatric illness.

Methodology: We started the research after approval from the board of study and prior consent from the psychiatric hospitals' higher authorities and rehabilitation centers in Karachi. The authorities demonstrated the research objectives, the consent letter, and the questionnaire to be filled by the researcher. Zarit Burden Interview Scale (ZBIS) and Satisfaction with Life Scale (SWLS) (Pavot & Diener) were used. The sample size of this study was 170 psychiatric patients. Psychiatric patients were divided into schizophrenia disorder (n=85) and bipolar disorder (n=85).

Results: The result indicates that the caregiver burden is the predictor of satisfaction with life in patients with bipolar disorders. It also shows in results that there was a significant difference among the different levels of the duration of illness on the variable of caregiver burden scale and satisfaction life scale among the caregivers of patients with schizophrenia and bipolar disorders. Further, findings indicate significant differences between males' and females' caregivers of psychiatric patients on the variable of caregiver burden and satisfaction with life scale.

Conclusion: We concluded that caregiver burden significantly affects the mental health of the caregivers of patients with psychiatric disorders. Also, caregivers of people who are mentally ill patients suffer a lot of burdens. Therefore, interventions that can assist them, such as providing them with a support system and counselling services, must be created.

Keywords

Caregiver Burden, Patients, Schizophrenia, Bipolar, Life Satisfaction.



Citation: Emad F, Ali SA, Ishaque F, Mirza AA, Khalid H, Ansari AK. Association between satisfaction with life and caregiver burden, among psychiatric patients. *APP*.2021; 8(1):15-23

Corresponding Author Email:
farhan.ishauqe@duhs.edu.pk.com

DOI: 10.29052/2412-3188.v8.i1.2021.15-23

Received 30/12/2020

Accepted 10/05/2020

Published 01/06/2021

Copyright © The Author(s). 2021 This is an open access article distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Funding: The author(s) received no specific funding for this work.

Conflicts of Interests: The authors have declared that no competing interests exist.



Introduction

The health of caregivers got challenged by offering treatment to family members suffering from prolonged illness. When the family member has a significant psychological disorder, the role of providing treatment becomes more daunting as the stigma of mental illness contributes to this strain of caring. The caregiver's burden has similar characteristics, either physical or mental conditions, or caregivers also experience anxiety and depressive disorders and many economic and occupational symptoms. However, through the signs and social response to them, various pathologies have particular effects on caregivers, so these distinctions create unique needs for patient care¹. This study's objective was to determine the association of satisfaction with life and caregiver burden among patients with schizophrenia disorder. It aimed to estimate any gender differences on the variables of caregiver burden and satisfaction with life scale among the caregivers of patients with psychiatric disorders.

Patients suffering from extreme mental disorders develop a heavy reliance on caregivers, primarily because of their disease's significant impairment. This dependence and responsibility for providing care add to their misery of caregivers' quality of life, affecting their health, employment, socializing, and relationships². In terms of its impact, the literature distinguishes burden as objective (e.g. disturbance in the life of caregivers in terms of household routine, social activities and financial/employment problems) and subjective (emotional distress endured by caregivers, e.g. depression, anxiety, frustration, shame, loss, stigma and rejection³. Besides, the socio-demographic factors and disease-related aspects of care recipients and caregivers considered contributing to the workload of the

caregiver^{4, 5}. It may neglect their well-being and other social and personal needs of caregivers, which decreases their ability to cope effectively with care demands. Most psychiatric disorders also put a heavy burden on caregivers. Still, of these disorders, schizophrenia attracts more attention because of the deterioration in the patient's person and social functioning and the symptoms that affect the caregivers' quality of life and the severity and early breakout of the disorder⁶. Past research indicates that the burden of care should be categorized as an objective burden and a subjective burden, as factors that relate to caregivers' physical and mental health and the effect of these types of burden⁷. Burden refers to the inputs pertaining to caregiving activities that could be determined by the time spent on caregiving and the functional level of care recipients. The subjective burden focuses on the self-perceived impact on caregivers of the objective burden⁸. The critical correlation between objective and subjective treatment among family dementia caregivers explored in several studies identifying higher objective burdens linked to higher subjective burdens^{9, 10}.

The physical and mental well-being, social relationships, and caregivers' financial life are impressed by the family caregiver burden^{11, 12}. It also correlates with psychological morbidity, lower leisure time, workload, and caregiver burnout¹³. Due to patients' behaviour and a negative attitude towards the patient, they often feel frustration, rage, humiliation, anxiety, sadness, and stress^{14, 15}. Schizophrenia is one of the ten disorders contributing to the loss of capacity in individuals, based on research carried out by the World Health Organization. Schizophrenia is a psychological condition that is profoundly debilitating and persistent, affecting all significant aspects of a patient's life. The



World Health Organization reports that 29 million people worldwide have been affected by schizophrenia. The prevalence of psychotic disorders is approximately 0.89 percent in an epidemiological analysis of mental disorders done in Iran, with schizophrenia being 0.6 percent.

Methodology

The quasi-experimental study was design to draw the association between satisfaction with life and caregiver burden among psychiatric patients. A sample size of 170 psychiatric patients was used for data collection after the purposive sampling technique. The study's objective, operation, and material got approval from the Board of Advanced Studies and Research. The University of Karachi and psychiatric hospitals and rehabilitation centers of Karachi. The clinical psychologist double-checked the data by following the DSM-5 guidelines (APA, 2013), then was interviewed them and their caregivers. Schizophrenic (N=85) and bipolar disorder (N=85), further classified as patients with psychiatric disease. We excluded all the patients who had any psychiatric or medical illness as co-morbidity, the patients who had been meeting the research norms but they

are not taking any medicine, or therapeutic intervention, all the intellectually challenged and physically disabled population. One caregiver against each patient participated in the study, and those who have had the prime accountability to look after the patients were contained in the study. Caregivers who were experiencing any kind of psychiatric disorder, intellectually challenged or any medical disease that can significantly impact the cognitive level or psychological function were excluded from the study. For the current study, a three-part survey questionnaire comprising the first part consists of informed consent from the caregivers. The second part included demographic variables, and in the third part, the study questionnaire was administered. Zarit Burden Interview Scale (ZBIS) and Satisfaction with Life Scale (SWLS) were used. Regression analysis, t-test and analysis of variance tests are also used to find the study's best results. The data were statistically analyzed using SPSS version 20.0.

Result

The demographic characteristics of the patient and caregivers are given in table 1 & 2.

Table 1: Demographic characteristics of patients (N= 170)

Variables	Categories	n(%)
Gender	Male	75(44.1)
	Female	95(55.9)
Qualification	Primary	14(8.2)
	Middle	16(9.4)
	Matric	34 (20.0)
	Intermediate	39(22.9)
	Graduate	22(12.9)
	Masters	22(12.9)
Marital Status	Uneducated	23(13.5)
	Single	94(55.3)
	Married	59(34.7)



	Divorced	17 (10.0)
Family System	Joint	91(53.5)
	Nuclear	79(46.5)
Diagnosis	Schizophrenia	85(50.0)
	Bipolar	85(50.0)
Duration of illness	0-5 years	54(31.8)
	6-10 years	60(35.3)
	11-15 years	56(32.9)
Nature of Treatment	Medication	107(62.9)
	Psychotherapy	16(9.4)
	Combined	47(27.6)
Treatment Setting	OPD	139(81.8)
	IPD	31(18.2)

Table 2: Demographic characteristics of caregivers (n=170).

Variables	Categories	n(%)
Gender	Male	95(55.9)
	Female	75(44.1)
Qualification	Primary	5(3.3)
	Middle	6(3.5)
	Matric	9(5.3)
	Intermediate	31(18.2)
	Graduate	21(12.4)
	Masters	39(22.9)
	Uneducated	27(15.9)
Occupation	Employed	51(30.0)
	Unemployed	96(56.5)
	Housewife	13(7.6)
	Student	10(5.9)
Qualification	Primary	6(3.5)
	Middle	9(5.3)
	Matric	31(18.2)
	Intermediate	21(12.4)
	Graduate	39(22.9)
	Masters	27(15.9)
	Uneducated	37(21.8)



The result indicates that the caregiver burden is the predictor of satisfaction with life in the caregivers of patients with schizophrenia disorders [R^2 , .554; $F(1.84) = 36.711$, $p < 0.000$].

Table 3: Linear Regression Analysis and Analysis of Variance Statistics of life satisfaction scale with caregiver Burden scale

Model	R	R ²	Adj. R ²	SS	df	MS	F	P-value
(Constant)	.554a	.307	.298	1912.035	1	1912.035	36.711	0.000
Caregiver Burden				4322.953	83	52.084		
				6234.988	84			

a. Dependent Variable: Satisfaction with life scale

b. Predictors: (Constant), Caregiver Burden Scale

Further, it was found that the caregiver burden is a strong predictor of satisfaction with life in the caregivers of patients with schizophrenia disorders ($\beta = .554$, $p < 0.001$).

Table 4: Coefficient statistics of life satisfaction scale and caregiver Burden scale among the caregivers of patients with schizophrenia

Model	Unstandardized		Standardized		T	p-value	95% CI	
	B	SE	Beta				LB	UB
(Constant)	29.912	2.299			13.008	.000	25.339	34.486
SWLS	-.259	.043	-.554		-6.059	.000	-.344	-.174

a. Dependent Variable: Satisfaction with Life Scale; SWLS=Satisfaction with Life Scale, SE= Standard Error, LB= Lower Bond, UB=Upper Bon

The result indicates that the caregiver burden is the predictor of satisfaction with life in the caregivers of patients with bipolar disorders [R^2 , .701; $F(1.84) = 79.97$, $p < 0.000$].

Table 5: Analysis of Variance Statistics of life satisfaction scale with caregiver Burden scale among the caregivers of patients with bipolar disorder

Model	R	R ²	Adj.R ²	SS	df	MS	F	p-value
(Constant)	.701a	.491	.485	3200.959	1	3200.959	79.975	0.000b
Caregiver Burden				3322.029	83	40.024		
				6522.988	84			

a. Dependent Variable: Satisfaction with life scale

b. Predictors: (Constant), Caregiver Burden Scale

Results indicate that there were a significant difference among the different level of the duration of illness on the variable of caregiver burden scale among the caregivers of patients with schizophrenia and bipolar disorders [$F(2,169) = 396.810$; $p < .000$]



Table 6: Variance statistics for the duration of illness with caregiver burden among the caregivers of patients with schizophrenia and bipolar disorders

Variable	SS	df	MS	F	p-value
Between Groups	54890.810	2	27445.405	396.810	0.000
Within Groups	11550.579	167	69.165		
Total	66441.388	169			

Discussion

The burden of caregivers is the major predictor of life-scale satisfaction among schizophrenia disorder patients. Getting a member of the family with schizophrenia disorganizes the familiar dynamics according to the function theory. Role-conflicts arise when the caregiver itself is made up of conflicting and incompatible specifications¹⁶. Role-conflicts have a range of adverse effects on caregivers, such as physical difficulties, fatigue, burn-out, anxiety and other mental disorders¹⁷. Expressed emotion is a measure of the family environment that focuses on how the relatives of the psychiatric patient talk about the patient spontaneously¹⁵. In patients with mental illness, such as schizophrenia, high levels of expressed emotion in the home may worsen the prognosis and may serve as a potential risk factor for developing psychiatric disorders¹⁸.

Also, this study showed that married caregivers had greater stress levels than unmarried caregivers. The potential cause may be the extra burden of infants, caregivers, and other family members, leading to higher stress levels. The coping mechanisms of caregivers need to be considered to overcome pressures, as they affect the day-to-day functioning of caregivers^{19,20}.

As with schizophrenia, the caregivers of bipolar patients have similar degrees of disrupted habits. Both conditions affect

families and need the same degree of caregiver treatment for their stability. But the level of stress and frustration perceived by bipolar caregivers due to violent and aggressive behaviour is high. These findings are not in line with previous studies that we refer to in this report. It showed that the caregivers of schizophrenia had higher stress levels than those of another group²¹.

Regression analysis found that the clinical function of the patient better explained the variance observed in the FEIS variables as opposed to the characteristics of the patient, which explained no more than 8.5 percent of the variance, while caregiver characteristics explained 11.7 percent variance in the bipolar disorder category for satisfaction with services. Past studies have confirmed the correlation between the stress of caregivers and symptoms of severe mental disorders. In patients with mental illness, the disease's length has a significant difference in satisfaction with the life scale. It was noticed that caregivers with two or more years of caregiver experience had a higher degree of caregiver pressure than those with 1-6 months and 1-2 years of care length. Similar to the study results, it was found that longer care durations were positively associated with higher caregiver pressures²².

Three key factors associated with caregiver frustration with the condition, in general, were identified in this analysis included inadequate psychosocial functioning of patients, insufficient use of medication and



rehabilitative services by patients, and living with the patient. The frustration of caregivers with psychiatric treatment for patients is distinct from their general dissatisfaction in life. If the patients had severe psychotic symptoms or weak life-grip maintenance, caregivers were unhappy with facilities. The stress and frustration of the caregiver are often correlated with psychiatric facilities. The most fundamental aspect that can ensure clinicians' satisfaction is therapeutic interventions that could enhance the functional status of patients and appropriate medication²³.

Past research has shown that treatment is a significant public health challenge that should not be overlooked combined with patient medication and therapeutic facilities^{24, 25}. In this research, it was found that most caregivers of schizophrenia patients are happy with their condition and psychiatric services. In Finland, 20-30 percent of caregivers in psychiatric treatment, recovery, and drug care for patients with low functional status and unmet needs are unhappy and depressed. In reality, these caregivers need more participation in therapies, data, support, and therapy. So, caregivers should also be adequately evaluated. Caregivers can only serve as a resource in inpatient care if they obtain adequate support^{26,27}.

Conclusion

It is painful to live with a psychiatric illness, both for the patients and the families. The family members coping with such patients were seen to have ranked lower on the scale of life satisfaction. It was also seen that, as opposed to males, female care providers had lower scores on the life satisfaction scale. Family support is really important when coping with any disorder, whether mental or physical. But when an individual is dealing

with a mental illness, the need to establish and sustain interpersonal relationships, take care of oneself, complete schooling, and maintain jobs interferes with one's ability. When supporting their patients, counsellors or therapists can also have some counselling for their family members, which may help family members understand themselves and their loved ones. And they should clarify that they should not neglect their own needs and demands when taking the caregiver position.

Acknowledgement

The author would like to acknowledge Dr. Saima Masoom Ali, Assistant Professor, University of Karachi, for her valuable advice and timely support throughout this research. Sincere thanks to Dr. Farhan Ishaque Khan, Assistant Professor at Institute of Physical Medicine & Rehabilitation Dow University of Health Sciences, for rendering extraordinary support. I would like to extend the deepest appreciation to Dr. AQ Khan Centre Institute of Behavioral Sciences, Gulshan Psychiatrist Hospital, Addicare Rehabilitation Centre, who cooperates and helping in data collection from their respective organizations.

References

1. Alzahrani SH, Fallata EO, Alabdulwahab MA, Alsafi WA, Bashawri J. Assessment of the burden on caregivers of patients with mental disorders in Jeddah, Saudi Arabia. *BMC psychiatry*. 2017;17(1):202.
2. American Psychiatric Association, DSM-5 Task Force. *Diagnostic and statistical manual of mental disorders: DSM-5™ (5th edition)* 2013. American Psychiatric Publishing, Inc.
3. Asarnow JR, Tompson M, Woo S, Cantwell DP. Is expressed emotion a specific risk factor for depression or a nonspecific correlate of psychopathology?. *J Abnorm Child Psychol*. 2001;29(6):573-583.



4. Ayalew M, Workicho A, Tesfaye E, Hailesilasie H, Abera M. Burden among caregivers of people with mental illness at Jimma University Medical Center, Southwest Ethiopia: a cross-sectional study. *Ann. Gen. Psychiatry*. 2019;18(1): Article number: 10.
5. Bekdemir A, İlhan N. Predictors of caregiver burden in caregivers of bedridden patients. *J Nurs. Res.* 2019;27(3):e24.
6. Butzlaff RL, Hooley JM. Expressed emotion and psychiatric relapse: a meta-analysis. *Arch. Gen. Psychiatry*. 1998;55(6):547-552.
7. Cao Y, Yang F. Objective and subjective dementia caregiving burden: The moderating role of intrinsic justice reasoning and social support. *Int. J. Environ. Res. Public Health*. 2020;17(2):455.
8. Caqueo-Úrizar A, Gutiérrez-Maldonado J, Ferrer-García M, Darrigrande-Molina P. Burden of care in Aymara caregivers of patients with schizophrenia. *Revista de Psiquiatría y Salud Mental (English Edition)*. 2012;5(3):191-196.
9. Cetinkaya F, Karadakovan A. Investigation of care burden in dementia patient caregivers. *Turk J Geriatr.* 2012;15(2).
10. Corcoran MA. Gender differences in dementia management plans of spousal caregivers: implications for occupational therapy. *Am J Occup Ther* 1992; 46: 1006-1012.
11. Fadaei F, Qorbani M, Asayesh H, Rahmani Anaraki M. The effect of poetry therapy group on communicational skills of a schizophrenic patient. *J Urmia Nurs Midwifery Faculty*. 2016;13(11):919-927.
12. Gater A, Rofail D, Tolley C, Marshall C, Abetz-Webb L, Zarit SH, Berardo CG. "Sometimes it's difficult to have a normal life": results from a qualitative study exploring caregiver burden in schizophrenia. *Schizophr. Res. Treatment*. 2014; Article ID 368215.
13. Jagannathan A, Thirthalli J, Hamza A, Nagendra HR, Gangadhar BN. Predictors of family caregiver burden in schizophrenia: Study from an inpatient tertiary care hospital in India. *Asian J Psychiatr.* 2014; 8:94-98.
14. Jeyagurunathan A, Sagayadevan V, Abdin E, Zhang Y, Chang S, Shafie S, Rahman RF, Vaingankar JA, Chong SA, Subramaniam M. Psychological status and quality of life among primary caregivers of individuals with mental illness: a hospital based study. *Health Qual. Life Outcomes*. 2017;15(1):106.
15. 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(5):380-388.
16. Kızılrnak B, Küçük L. Care burden level and mental health condition of the families of individuals with mental disorders. *Arch Psychiatr Nurs*. 2016;30(1): 47-54.
17. Millier A, Schmidt U, Angermeyer MC, Chauhan D, Murthy V, Toumi M, Cadi-Soussi N. Humanistic burden in schizophrenia: a literature review. *J Psychiatr Res.* 2014; 54:85
18. Reinhard SC, Gubman GD, Horwitz AV, Minsky S. Burden assessment scale for families of the seriously mentally ill. *Eval Program Plann.* 1994;17(3):261-269.
19. Nallapaneni NR, Yendluri P, Paritala CB, Racharla BN. A study of caregiver burden in bipolar affective disorder. *J. Evol. Med. Dent. Sci.* 2015;4(49):8499-8516.
20. Reinhard SC, Gubman GD, Horwitz AV, Minsky S. Burden assessment scale for families of the seriously mentally ill. *Eval Program Plann.* 1994;17(3):261-269.
21. Rössler W, Salize HJ, van Os J, Riecher-Rössler A. Size of burden of schizophrenia and psychotic disorders. *Eur Neuropsychopharmacol.* 2005; 15(4):399-409.
22. Sharif F, Shaygan M, Mani A. Effect of a psycho-educational intervention for family members on caregiver burdens and psychiatric symptoms in patients with schizophrenia in Shiraz, Iran. *BMC psychiatry.* 2012; 12(1):48.
23. Sharma N, Chakrabarti S, Grover S. Gender differences in caregiving among family-caregivers of people with mental illnesses. *World J Psychiatr.* 2016;6(1):7-17.
24. Siddiqui S, Khalid J. determining the caregivers' burden in caregivers of patients with mental illness. *Pak J Med Sci.* 2019;35(5):1329-1333.
25. Tamizi Z, Fallahi-Khoshknab M, Dalvandi A, Mohammadi-Shahboulaghi F, Mohammadi



- E, Bakhshi E. Defining the concept of family caregiver burden in patients with schizophrenia: a systematic review protocol. *Syst Rev.* 2019;8(1):1-6.
26. Van Wijngaarden BO, Schene AH, Koeter M, Vázquez-Barquero JL, Knudsen HC, Lasalvia A, Mccrone P, Epsilon Study Group. Caregiving in schizophrenia: development, internal consistency and reliability of the Involvement Evaluation Questionnaire-European Version: Epsilon Study 4. *Br J Psychiatry.* 2000;177(S39):s21-7.
27. Yu Y, Liu ZW, Tang BW, Zhao M, Liu XG, Xiao SY. Reported family burden of schizophrenia patients in rural China. *PloS one.* 2017;12(6):e0179425.



Check for updates