

Assessment of Quality of Life among Family Caregivers of Psychiatric Patients.

By

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Abstract

Introduction : Care for psychiatric patients is an enduring stress that leads to a considerable amount of burden among caregivers and can significantly influence their quality of life due to the fear of losing their loved ones, the substantial impact of caring on the financial well-being of caregivers, and restrictions regarding their social life. **Aim of the study:** assess quality of life among family caregiver of psychiatric patients. **Design:** A descriptive cross sectional design. Setting: In -patient of psychiatric Department at Mansoura University Hospital. **Subject and method:** The study sample composed of 400 caregivers. Data were collected by using sociodemographic characteristics for caregiver and quality of life scale. Results: The result revealed that the mean scores of PCASEE quality of life in physical, cognitive, affective, social and economic and ego problem domains were 23.160 (8.16), 22.82 (8.560), 14.766 (9.697), 27.912 (9.999), 15.740 (1.078) and 24.300 (8.672) respectively and variables such as age was significantly correlated with quality of life but other variables such as sex, occupation and marital status of caregiver were not statistically significant with quality of life. **Recommendation:** The findings of the present study concluded that, it is concluded that: Caregivers experienced low level of quality of life. Therefore, psycho educational program is needed to assist caregivers cope effectively with their burden and enhance their quality of life. Health promotion and increasing social support of caregivers may help to increase their quality of life.

Key words: Psychiatric patient, caregiver, Quality of life.

Introduction:

Nowadays family has taken functions which were performed in the past by psychiatric institutions. This change highlights not only the relevance of emotions and affections within a family, but also the great amount of burden experienced by the relatives while taking care of psychotic patient.

Burden on relatives of patients with mental illness has been found associated with an important reduction in their quality of life, causing damage in caregiver's health condition [1]. Furthermore, their negative quality of life have impacted on poor caring, mistreatment or behaving violently to the patients which can cause patients relapse [2].

Disease and incapacity are common experiences that represent one of the greatest challenges for families, since the psychosocial problems occasioned by a person with dependence have an impact on the whole family system. In these family contexts many families suffer a deterioration in their quality of life^[3].

Quality of life can include both objective and subjective evaluations of the physical, financial, and emotional well being and functioning of the person in life. Objective evaluations typically consider life conditions such as physical health, income, residence, relationships with others, and social roles. Subjective evaluations include the attitudes and feelings of well-being and satisfaction with the objective evaluations of quality of life^[4].

The level of quality of life in caregivers of the mentally ill has been found to be associated with various factors including illness factors in patients and psychosocial background of the caregivers, severity of symptoms, illness duration, level of disabilities, perceived stigma ,being female caregivers with nuclear family ,being older with lower socioeconomic status and recent life crisis were found to be associated with lower quality of life^[5].

The negative, emotional aspects of care giving can further decrease the quality of life of the caregiver and inadvertently affect the care the patient receives.

^[6].Caregivers supply the patient with care and support .The impact of care giving on caregivers 'quality of life is substantial, especially when experiencing a significant burden, restricted roles and activities, and increased psychosomatic, anxious, or depressive symptoms^[7].

In the light this the one known that quality of life of caregivers is one of the most elements to provide the best care to psychiatric patient ,so this study was conducted to assess quality of life among family caregiver of psychiatric patients .

Subject and Method:

Design: A descriptive cross-sectional design was used in this study.

Setting:

The study was conducted at the In-patient of Psychiatric Department of Mansoura University Hospital.

Subject:

Family caregivers of psychiatric patients.

Study sample

A convenient sample of 400 family caregivers of psychiatric patients

fulfilling the following inclusion criteria:

- a. Caregivers living with the patient in the same dwelling .
- b. Caregivers of confirmed psychiatric patients for at least six months.
- c. Caregivers aged 18 years and more.

Tools for data collection:

The data of the study were collected by using sociodemographic characteristics for family caregiver and quality of life questionnaire.

It consists of two tools:

The first tool: Socio-demographic characteristics of caregivers which included: age, degree of relation to the patient, gender, marital status, educational level, and occupation.

The second tool: PCASEE quality of life questionnaire which is used to assess P (physical problems), C (cognitive problems), A (affective problems), S (social problems), E (economic problems), E (ego personality problems). This scale was translated by the El-Bilsha [8].

The PCASEE quality of life was tested for the reliability which was carried out on 40 caregivers the results was as the following:-

The Cronbach's alpha formula was 0.90.

Scoring system: It consists of 6 subscale, each one contains 5 items each one had 5 responses grades from 0-5, in which (0) means bad and (5) means well or good, and the family caregiver must choose the most descriptive one. The PCASEE questionnaire is scored individually for each column. The sum of each column is multiplied by 4 to give a percentage score, in which 100 % means the best possible quality of life. All six columns can be added up into a total PCASEE score [9].

Statistical Analysis

Data entry and analysis were performed using SPSS statistical package version 16. Quantitative data were tested for normality distribution by Kolmogorov-Smirnov Test. Normality distribution variables were presented as mean and standard deviation. Non parametric variables were presented as median (minimum-maximum). Mann-Whitney U Test was used for two group comparison.

Kolmogorov- SmirnovZ Test was used for three group variables.. For all above mentioned statistical tests done, P value of < 0.05 and of < 0.001 indicate a significant result and a high significant result

respectively while P value of >0.05 indicates non significant result.

Results:

Table(1) :Socio demographic characteristics of family caregivers.

Item	N (400)	%
Age of caregiver		
Adolescent(12-less than 20)	11	2.75
Early adulthood(20-less than40)	130	32.4
Late adulthood(40-60+)	259	64.6
Mean±SD=41.337±1.239		
Gender of Caregiver		
Male	28	7.0
Female	372	93.0
Education of Caregiver		
Illiterate	224	56.0
Read and write	22	5.5
Primary	18	4.5
Preparatory	4	1.0
Secondary	3	0.8
Technical	115	28.8
College	14	3.5
Marital status of caregiver		
Single	47	11.8
Married	266	66.5
Divorced	11	2.8
Widow	76	19.0
Occupation of caregiver		
Not working	16	4.0
Student	7	1.8
Housewife	336	84.0
professional	4	1.0
Technical	35	8.8
Farmer	2	0.5
Relation to patient		
Mother	195	48.8
Father	19	4.8
wife	76	19.0
Sister and brother	40	10.0
Sister /brother in low	3	0.7
Daughter	63	15.8
Daughter in low	4	1.0

Table (2) :Descriptive statistics for total quality of life and its domain.

Item	Mean ±SD	Median	Min-Max
Total quality of life scale	32.11 ±9.65	30.000	20.00-60.00
Total physical domain	23.160±8.164	20.00	0.00-44.00
Total cognitive domain	22.825±8.560	20.00	0.00-48.00
Total Affective domain	14.766±9.697	20.00	0.00-40.00
Total Social domain	27.912±9.999	20.00	20.00-40.00
Total Economic domain	15.740±1.078	20.00	0.00-40.00
Total Ego problem domain	24.300±8.672	20.00	12.00-60.00

Table(3) Variation of total quality of life based on sociodemographic data of family caregivers.

Item	Median(Min-Max)	Significance
Age (years)		
Adolescent(12-less than 20)	40(20-40)	kw $\chi^2=6.912$ P=0.032*
Early adulthood(20-less than40)	30 (20-60)	
Late adulthood(40-60+)	30(20-06)BC	
Gender		
Male	30(20.0-40.0)	Z=0.864
Female	30(20.0-60.0)	P=0.387
Education		
Illiterate,Read and write	30(20-60)	kw $\chi^2=0.275$ P=0.871
Less than Secondary	30(20-50)	
Secondary and more	30(20-60)	
Marital Status		
Not married	30(20-60)	Z=1.376
Married	30(20-60)	P=0.169
Occupation		
Not working	40(20-60)	Z=1.506
Working	30(20-60)	P=0.132
Degree of Relatives		
Parents	30(20-50)AC	kw $\chi^2=11.96$ P=0.003*
wives	30(20-60)	
Siblings	38(20-60)	

B,C Significant difference corresponding group by Mann-Whitney test

* means statistically significant

Discussion:

In this study (Table1), present the characteristics of studied family caregivers and revealed that more than two thirds of the family caregivers are in late adulthood with mean age 41.337 ± 1.239 . This result in agreement with Rudnick[10] who reported that most of the caregivers aged above 35 years .

Concerning gender ,majority of the studied family caregivers are female and represented about 93%. This probably reflects the sociocultural expectations that are placed on females to adopt the caring role whenever a family member becomes ill, regardless of the difficulties in combining the demands of care giving with other enormous sociocultural designated domestic responsibilities . This findings are congruent with the findings of Chan et al [11] , Nolan[12] reported that Caregivers are more likely to be women in many parts of the world. For example, in the United Kingdom, about 58% of the caregivers are women. Also ,Asian studies found about 70% of family caregivers are females .

Regards occupation ,in the present study revealed that most of the studied family caregivers employed as housewives. These result in agreement with Wong [13] who stated that most of the caregivers

who participated in this study were mothers and/or females and the largest groups were housewives and retirees (39.7% and 24.1%, respectively).

In table (2), revealed that, low mean and standard deviation of total physical ,affective ,social domain were 23.16 (8.164) , 14.76 (9.69) and 27.9(19.99)

Respectively. This may be due to most of caregivers in the present study with low educational level lead to low knowledge to deal with stressful events. This finding contradicted with Zamzam et al[14] who reported that high mean scores of quality of life in physical, psychological, social were 66.62 (14.36), 61.32 (15.52), 62.77 (17.33)respectively because, most Caregivers in his study with higher education possibly have more secured job and stable financial income that reduce the financial burden on care giving task, thus improving their satisfaction for lives.

In table (3), illustrates that, Variation between quality of life , caregiver education and degree of relatives and reported that caregivers with low education constitute low quality of life and caregivers represented as parents constitute low quality of life than others, these result in agreement with Awadalla et al[15]who found that among caregivers of Sudanese

psychiatric patients, those who were females, parents, less educated, older, or had poor physical health were associated with poor quality of life.

And similarly, with Rosenfarb [16] who stated that most of the studies show that the mother is the one who takes main care of the patient and has worse quality of life than other type of informal caregivers caused likely by her caring chores. These finding also supported by Gutiérrez-Maldonado [17] who found that mothers were generally the primary caregivers and that they reported a lower quality of life than other types of informal caregivers. Mothers may experience a higher burden because they are responsible for most aspects of the patients' daily care .

Recommendation:

Based on the findings and conclusions drawn from the study, the following recommendations are made:

Psycho education about understanding the nature of the illness and how to cope with the disturbed behavior, importance of medication and follow up. Social skill training and stress management to caregivers to enhance their capability to assist the ill relatives and manage the illness more effectively. Emotional

support and social network to improve emotional capacities of the families to cope with the burden of caring for their ill relatives. Enhance health insurance to cover the cost of treatment of psychiatric patients to decrease caregiver burden especially financial burden. Psycho educational program is needed to assist caregivers cope effectively with their burden and enhance their quality of life

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