RELATION BETWEEN THE BURDEN OF CAREGIVING, SUBMISSIVE BEHAVIORS, AND DEPRESSIVE SYMPTOMS AMONG CAREGIVERS OF PSYCHIATRIC PATIENTS

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ABSTRACT

Background: In providing care for psychiatric patients, caregivers play a critical role. Increased caregiver's burden may increase their susceptibility to mental disorders and demonstrate submissive behavioral patterns, which are one of the least efficient coping strategies and may have a mediating effect on future depression. **Aim**: A study designed for exploring the relation between the burden of caregiving, submissive behaviors, and depressive symptoms among caregivers of psychiatric patients. **Subjects and Method**: The study used a descriptive correlational research design. 148 caregivers of psychiatric patients at the time of the visit from the inpatient department and also from the outpatient clinics in Port-Said Psychiatric Health Hospital were included in the study. To gather the necessary data, three instruments were used. Instrument I: Zairt Care Giver Burden Scale, Instrument II: Submissive Acts Scale, Instrument III: Beck Depression Inventory, additionally, personal and clinical data questionnaire. **Results**: According to the findings, the majority of psychiatric patients' caregivers had a severe level of burden, more than half of them had a high level of submissive behavior, and almost all of them had a severe level of depression. **Conclusion:** A statistically significant positive correlation was found between caregiving burden, submissive behaviors, and depressive symptoms among the studied caregivers of psychiatric patients at $p \leq 0.05$. **Recommendations:** Appropriate interventions could reduce the burden on caregivers and teach effective coping approaches which had a beneficial impact on depressive symptoms among caregivers of psychiatric patients.

Key Words: Burden, Caregivers, Depression, Submissive behavior.

INTRODUCTION

Psychiatric illness is increasing and becoming a major public health problem (Wainberg et al., 2017). Due to the worldwide move away from institutionalized psychiatric care and inadequate accessibility of public psychiatric facilities, and

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mental health assets, family contribution to psychiatric carefulness has a vital part in the recovery of persons existing with psychiatric disorders in underdeveloped countries (Clari et al., 2022). Caregivers are those who care for others, usually parents, spouses, or children with special health requirements or disabilities, and they play an essential part in the recovery of patients with psychiatric disorders. Caring for others is a holistic role that encompasses not just practical assistance and care, but also emotional support. Caregivers may confront stigma (social exclusion), and emotional, physical, and financial burdens as a result of their caregiving experiences. Caregivers who care for family members with psychiatric illnesses are at risk of becoming burdened (Walke, Chandrasekaran & Mayya, 2018).

The impact of a mental illness in the family context, which includes struggling with financial, social, and emotional aspects, is known as the family burden. The burden comprised double categories: objective and subjective. Concerning the objective, it is apparent and encompasses tangible costs of psychiatric disorder, for example, the disruption of arranged life of the family and economic cost. While each person's appraisal of the situation and perspective of the burden imposed by caring is known as the subjective burden (Basukala, 2019). Somatic and psychological suffering, limited societal contact, economic challenges, absence of pleasure, and lesser life gratification are all disclosed by family caregivers (Mishra& Shakya, 2020). Caregivers'

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burden may exhaust their adaptive coping strategies and lead to ineffective coping (Thakur, Nagarajan& Rajkumar, 2022).

Caregivers account themselves as inferior to others and are afraid of being embarrassed quite likely to perform submissive behaviors, and they feel frustrated in some social situations (Sardoğan, Yılmaz& Bellici, 2015). Submissive behavior is characterized by low self-confident, helpless, non-hostile, and non-coercive behavior that requires someone with control and authority, while repudiating or failing to view one's sensations and opinions (Bademli, Lök & Kılıç, 2018). "Submissiveness is a tendency to comply with the wishes or obey the orders of others" (APA, 2018). Individual views, and value construction besides ideas formed submissive approaches (Türkmen&Yildiz, 2019). Submissive behavior may act as a buffer against future depression (Bademli et al., 2018).

The disruption in everyday routines, social interactions, rest time, and work caused by the caregiving responsibilities may cause signs of depression in caregivers of patients with psychiatric disorders. Depression not only affects the general health of caregivers, nevertheless, but it can also similarly affect their capability to deliver care and the excellence of carefulness they provide for patients (Zhang, Lv, Qiao & Liu, 2021). Depression is predicted to be more than two times greater in patients with psychiatric disorders' caregivers than in the overall public. Disturbances in everyday accomplishments,

societal communication, leisure events, plus occupations are leading factors to depression among patients with psychiatric disorders' caregivers (Derajew, Tolessa, Feyissa, Addisu & Soboka, 2017). Psychiatric nurses, who expend the greatest time with patients and caregivers, are the supreme vigorous participants of the health team working on this issue.

Psychiatric nurses can decrease caregivers' care burden by giving counseling to caregivers afterward defining the troubles they exhibit, besides implementing psych education in which training necessities are reserved noteworthy (Kızılırmak& Küçük, 2016). Clarifying the association between mental health difficulties and the psychological, somatic, and economic burdens of caregivers for patients with psychiatric disorders aids to enhance effective coping mechanisms among caregivers to overcome their burdens and their patients' requirements (Aylaz& Yıldız, 2018).

SIGNIFICANCE OF THE STUDY

Individuals with mental illnesses are frequently treated and cared for in non-professional settings, such as in homes by family members, and evidence suggests that about 90% of people with mental illnesses receive support from their families (Udoh, Omorere, Sunday, Osasu & Amoo, 2021). Community-based care for psychiatric illnesses causes a burden on the caregivers. So, an advanced incidence of psychiatric complaints among caregivers was detected (Kunwar et al., 2020). Caregivers adopt different coping strategies which

may be constructive or destructive. A caregiver's burden increases due to negative coping skills such as being submissive (Adhikari, Lama, Shrestha, Thapa& Sapkota, 2020; Aylaz & Yıldız, 2018). Caregivers who are incapable of adopting approaches to accomplish the requirements of caregiving have a higher caregiver burden, which can lead to depressive symptoms (Zhong, Wang & Nicholas, 2020). The most prevalent mental disorder among caregivers of psychiatric disorders persons is depression (Zhang et al., 2021). Examining the association between caregiver burden, submissive behavior, and depressive symptoms will enable the improvement of therapies and programs to assist caregivers in efficiently coping with burdens and handling skills to preserve and advance their well-being psychologically (Bademli et al., 2018). As a result, this descriptive correlation study was designed to explore the relation between the burden of caregiving, submissive behaviors, and depressive symptoms among caregivers of psychiatric patients.

AIM OF THE STUDY

Explore the relation between the burden of caregiving, submissive behaviors, and depressive symptoms among caregivers of psychiatric patients.

Research Objectives:

1. Assess levels of burden among caregivers of psychiatric patients.
2. Measure submissive behavior levels among caregivers of psychiatric patients.

3. Determine the levels of depression among caregivers of psychiatric patients.

4. Find out the correlation between the burden of caregiving, submissive behaviors, and depressive symptoms among caregivers of psychiatric patients.

SUBJECTS AND METHOD

Study Design:

A descriptive correlational design was followed.

Study Setting:

The contemporary work was carried out in the inpatient department at the time of the visit and also in the outpatient clinics in Port Said Psychiatric Health and Addiction Treatment Hospital, Egypt. It is joined to the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health. The capacity of the above-mentioned setting is 140 beds; delivers care to psychiatric patients and substance abusers. It serves all the catchment areas in Port Said and three neighboring governorates (El-Ismailia, Sina, and El Suez). The hospital comprises five inpatient psychiatric departments, one men's department for addiction treatment, and one outpatient clinic for children. Furthermore, psychiatric outpatient clinics are accessible from 10 a.m. to 2 p.m. 6 days per week. It involves three rooms specialized for the treatment and continuation of patients with mental illness.

Study Subjects:

The study subjects encompassed a purposive sample to select the subjects for the study of caregivers (males or females) of psychiatric patients who visited patients in the inpatient department and also who accompanied patients for continuation in the outpatient clinic of the above-mentioned setting. They were recruited based on the following criteria:-

- Existing with the patient for a minimum of six months.

- Not having any mental disorder.

Sample Size:

It was estimated by means of the subsequent formula (Sahai & Khurshid, 1996).

$$N = (Za) \, 2 \, X \, p \, q \, / \, d2$$

Where

- **N** = sample size.
- **Za** = the value of standard normal distribution for type I error probability for the sided test and equals 1.96.
- **p** = prevalence of burden = 10.8% (Charara et al., 2017).
- **q** = 1- p
- **d2** = the accuracy of estimate

Sample size (n) = 148 caregivers.

Data Collection Instruments:

To fulfill the aim of the study, the subsequent instruments were used:-

Instrument I: Zairt Care Giver Burden Scale:

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Zarit, Reever & Bach-Peterson (1980), developed this scale in the English language and translated it into the Arabic language by To'meh (2013). It is used to assess the stress of individuals who provide care to persons with unusual requirements, or elders. The scale can be finished by the caregivers or the researchers via questioning. It involves 22 items to detect the consequence of caregiving on the caregiver's well-being. The Arabic version of Zairt Care Giver Burden Scale showed validity and remarkable internal consistency, using Cronbach's alpha α = 0.915. Validity was done by a panel of experts to test it for face and content validity and decided that the scale was valid (To'meh, 2013).

Scoring system:

The scale used a 5-point Likert response format, extending from "0" to "4." The whole score was 88 and was classified as, 0–20 "little or no burden," 21–40 "mild to the moderate burden," 41–60 "moderate to the severe burden," and 61–88 "severe burden".

Instrument II: SUBMISSIVE ACTS SCALE (SAS):

Gilbert & Allan (1994), develop this scale in the English language. It is used to measure submissive social behaviors interrelated to depression. It comprises 16 statements of submissive behavior which people rate as a behavioral frequency. They are asked to rate how well the relevant behaviors represent them for each item.

Scoring system: The SAS comprised 16 items, each item ranked by participants along a five-

point continuum scale extended from "1" to "5" as never (1), rarely (2), sometimes (3), mostly (4), always (5). For measuring perceived submissive acts, a critical value of 60% has been suggested as the best cut-off point. The percentage of caregivers who were submissive was classified as high if it was 60% or more, and low if it was less than 60% (Gilbert & Allan, 1994).

Instrument III: Beck Depression Inventory (BDI):

The scale was developed by Beck (1967) in the English language and translated into the Arabic language by Ghareeb (2000). The scale was designed to determine the severity of a variety of depressive symptoms as well as to assess physical, cognitive, and motivational aspects. The Arabic version of BDI showed validity and remarkable internal consistency, using Cronbach's alpha α = 0.895 which indicates that the Arabic version demonstrated excellent scale reliability. Validity was done by a board of experts to test it for face and content validity and decided that the scale was valid (Ghareeb, 2000).

Scoring system: The BDI comprises 21 statements; each was ranked on four alternative statements denoting gradations of an assumed symptom graded in severity from 0-3. The whole score extends from 0 to 63, higher scores indicating severe depression as follows: with scores from 0 to 9 denoting minimum depression, from 10 to 16 donating mild depression, from 17 to 29 donating moderate depression, while 30 and more indicating severe depression.

In addition to **The Personal And Clinical Characteristics Questionnaire** utilized, the researcher developed it in Arabic linguistics, which includes personal characteristics of caregivers such as age, sex, level of education, marital status, employment status, and income. It also included a psychiatric patient's personal characteristics such as age, gender, level of education, employment status, marital status, and income, and the psychiatric patient's clinical characteristics which include diagnosis and duration of psychiatric disorders.

Study Instrument's Validity and Reliability:

For the intent of the contemporary study, a SAS (**Instrument II**) was translated into the Arabic language. The two main stages of translation encompassing forward and backward were completed. Two bilingual experts did the forward translation, and then the Arabic version of the SAS was then translated back into the English language by two other linguistic specialists who were unaware of the original version. Then, the researcher reviewed these translations and compared them with the original version to assure the accuracy of the translation and eradicate any differences.

Besides, a final Arabic version was evaluated by a panel of experts who decided that the translated instrument was valid. A board comprised of two professors and one assistant professor from the Psychiatric Nursing and Mental Health department, Faculty of Nursing, two professors from the Psychiatric Medicine department, Faculty of Medicine, and two assistant professors from the

Psychology department, Faculty of Arts, Port Said University. Based on their evaluation, the required modification was taken into consideration accordingly. The stage of evidencing the validity of the translated tool continued for one month.

Reliability:

An Arabic version of the SAS (**Instrument II**) was evidenced to be reliable as Cronbach's alpha coefficient was reasonable as $\alpha = 0.82$. The period of confirming reliability continued for one week. Pilot Study: A pilot study was conducted before starting the actual data collection. The caregivers of psychiatric patients who took part in the pilot study made up 10% of the entire sample (15 caregivers). They were excluded from the total sample to confirm the constancy of the results. The drive of the pilot study was to establish the lucidity, and feasibility of the study instruments, and to recognize the difficulties that may be faced throughout the collection of data. It also aided to recognize the time required to fill in the instruments. Based on its results, there is no modification occurred. The pilot study was conducted at the time from the first to the mid of March 2019.

Data Collection Process:

Primarily, the researchers attended the above-mentioned setting director's office to introduce themself, and explain the purpose of the study; then, the director referred the researcher to the responsible nurse of each department, and the researcher attended each responsible nurse's office to introduce self, clarify the aim of the study, and pursue an agreement. After that, the researcher

interviewed caregivers of psychiatric patients who met the inclusion criteria and provided their informed consent. The data were collected over 2 days (Wednesday and Thursday) per week. The collection of data covered five months from the start of April 2019 to the end of August 2019.

The collection of data was conducted through a face-to-face interview method that was done on an individual basis and this was done in a private area in the inpatient and outpatients departments to ensure discretion and confidentiality of the collected data. A number vacillating from 3 to 5 caregivers of psychiatric patients were interviewed daily from 10 a.m. to 1.00 p.m. Each instrument lasted from 15 to 20 minutes to be filled out. After accomplishment, the researcher ensured that all items involved in the study instruments were completed. Then, the studied caregivers of psychiatric patients were acknowledged for the time and effort they kindly offered.

Ethical Considerations:

Preceding the beginning of this work, ethical consent was attained from the Scientific Research Ethics Board of the Faculty of Nursing; Port Said University. An approval was attained from the selected setting from which the data were collected. An informed agreement was attained from the studied caregiver of psychiatric patients after a plain description of the intention of the study. Anonymity was strictly maintained through a code number attached to each studied caregiver of a psychiatric patient's instruments. Voluntary participation of the studied caregiver of psychiatric patients was guaranteed as they were told that they are free to extract from the study whenever they wanted without any negative consequences. Confidentiality was affirmed to all participants in the study and the researcher declared that information would be used merely for the research aim. Finally, the process of data collection was not disturbing the harmony of the work in the above-mentioned setting.

Statistical Analysis:

Collection, organizing, tabulating, and statistically analyzing of data were done with SPSS 18.0 software computer statistical. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means, and standard deviations for quantitative variables. Qualitative categorical variables were compared using the chi-square test. Whenever the expected values in one or more of the cells in a 2x2 table were less than 5, In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Person correlation analysis was used for the assessment of the inter-relationships among quantities variables. Statistical significance was considered at P-value <0.05.

The Arabic version of SAS' internal consistency was assessed by measurement of Cronbach's alpha coefficient. Besides, Pearson coefficient to correlate between two normally distributed quantitative variables was utilized**.**

RESULTS

Table 1, displays the clinical characteristics of psychiatric patients, results reveal that the majority of the patient who received care were diagnosed

with schizophrenia and had a long duration of psychiatric disorders from 5 to 15 years which constituted 27% and 65.5% respectively.

Figure 1, represents that; the highest percentage of the caregivers (83.1%) had a severe level of caregiving burden, whereas only, 4.7% of them had a mild level of burden of caregiving.

Figure 2, it was vibrant from the figure that more than two-thirds of the studied psychiatric patient caregivers (68.9 %) had a high level of submissive behavior, while 31.1% of them had a low level of submissive behavior.

Figure 3, elicits that the majority of psychiatric patient's caregivers (86.5%) had a severe level of depression, while 5.4% only of them had a mild level of depression.

Table 2, puzzles out the relation between personal characteristics and burden levels among the studied caregivers. The study results reveal that

there were statistically significant relations between burden levels and personal characteristics of the studied caregivers concerning employment status and monthly income wherever $p \leq 0.05$.

Table 3, represents that there was a statistically significant relation between submissive behaviors levels and personal characteristics of the studied caregivers comprising monthly income with $p \leq 0.05$.

Table 4, illustrates that a statistically significant relation was found between the employment status and depression levels.

Table 5 submits the correlation between caregivers of psychiatric patients' burden of caregiving, submissive behavior, and depression. Positive statistically significant correlations were detected among the total scores of burden, submissive behaviors, and depression (r= 0.570, 0.551, 0.924 respectively).

Table (1): Clinical characteristics of psychiatric patients received care (n= 148)

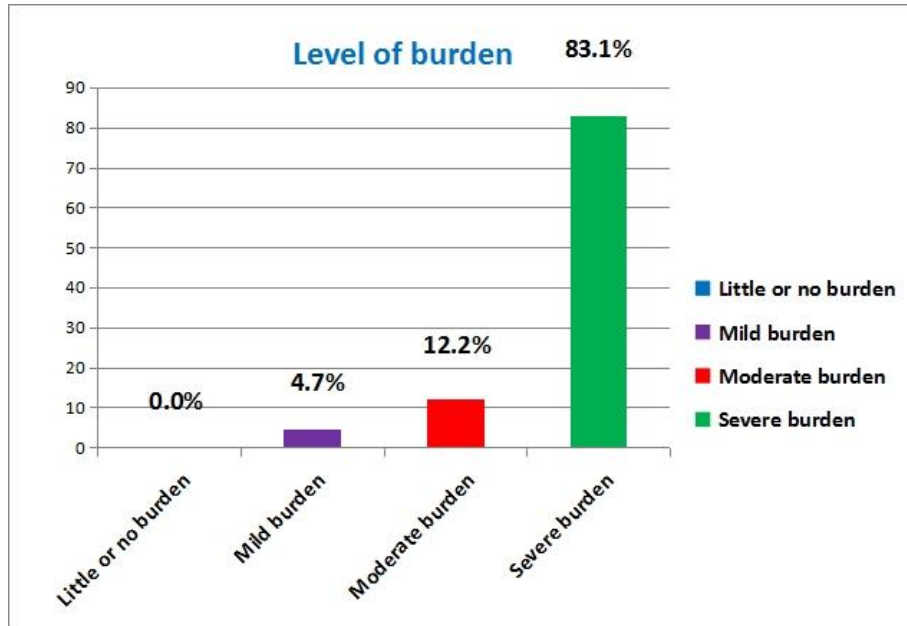| Clinical characteristics	Studied patients (n=148)	
	No.	**%**
Diagnosis:		
Schizophrenia	40	27.0
Bipolar disorder	19	12.8
Personality disorder	16	10.8
Mental retardation	20	13.5
Behavioral disorder	18	12.5
Substance-induced psychotic symptoms	35	23.6
duration of psychiatric disorders		
1-5 years	51	34.5
5-15 years	97	65.5
Min: Max, Mean ± SD	**1:15**	**5.31±3.06**

Figure (1): Percentage distribution of the studied psychiatric patient's care givers according to levels of burden of care giving
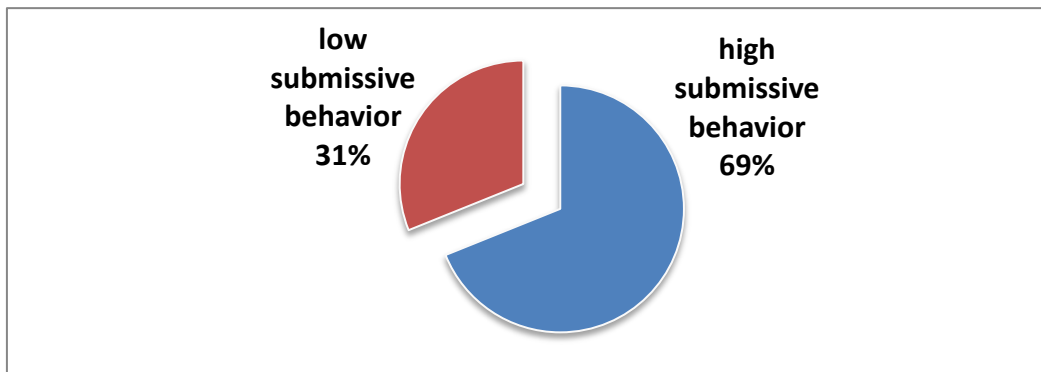

Figure (2): Percentage distribution of the studied care givers according to levels of submissive behaviors.
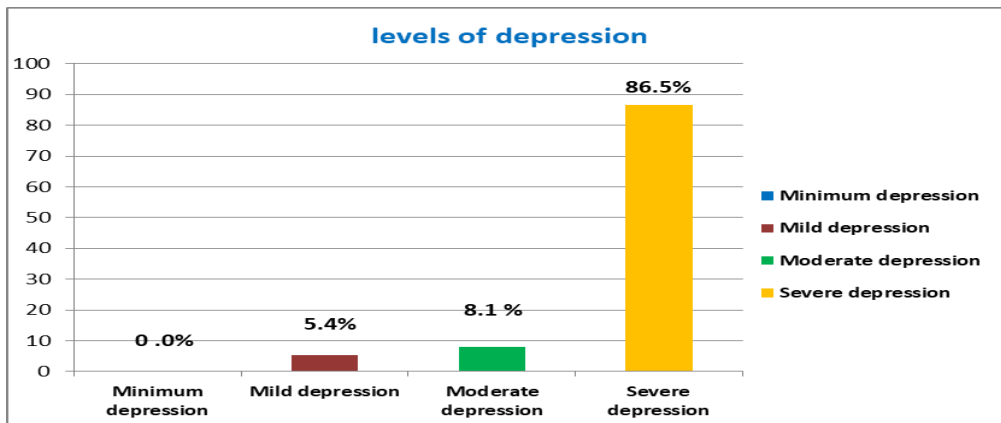

Figure (3): Percentage distribution of the studied care givers according to depression levels.

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Table (2): Relation between levels of burden and personal characteristics of psychiatric patient's caregivers (n=148)

Personal characteristics	Mild burden n=7		Moderate burden n=18		Severe burden n=123		χ^2 Test	P Value
	N	%	N	%	N	%		
Sex:								
Male	2	28.6	8	44.4	33	26.8	2.36	0.307
Female	5	71.4	10	55.6	90	73.2		
Age/ years:								
20 - 40	4	57.1	8	44.4	59	48	4.42	0.644
40 - 60	3	42.9	10	55.6	64	52		
Marital status:								
Single	0	0	1	5.6	21	17.1		
Married	6	85.7	16	88.9	80	65.0		
Divorced	1	14.3	1	5.6	20	16.3	5.70	0.457
Widow	0	0	0	0	2	16		
Education:								
Illiterate	1	14.2	1	5.5	17	13.8		
Basic	3	42.8	7	38.8	73	59.3		
Secondary	3	42.8	4	22.2	22	17.9	3.83	0.429
University	0	0	6	33.3	11	8.9		
Employment status:								
Working	2	28.6	7	38.9	31	25.3		
Not working	5	71.4	11	61.1	92	74.7	13.7	0.003*
Income/ month:								
Sufficient	1	14.3	3	16.7	12	9.8	16.15	0.043*
Not Sufficient	6	85.6	15	83.3	111	90.2		

χ^2 **: Chi-Square test   *Significant at P≤0.05**

Table (3): Relation between levels of submissive behavior and personal characteristics among caregivers of psychiatric patients (n=148)

Personal characteristics	High submissive behavior n=102		Low submissive behavior n=46		χ^2 Test	P Value
	N	%	N	%		
Sex:						
Male	26	25.5	17	37.0	2.02	0.155
Female	76	74.5	29	63.0		
Age/ years:						
20 - 40	50	49.0	21	45.6	1.20	0.752
40 – 60	52	50.9	25	54.4		
Marital status:						
Single	15	14.7	7	15.2		
Married	71	69.9	31	67.4	0.368	0.947
Divorced	15	14.7	7	15.2		
Widow	1	1.0	1	2.2		
Education:						
Illiterate	10	9.9	7	15.2	2.23	0.327
Basic	63	61.8	16	34.7		
Secondary	12	11.7	14	30.4		
University	17	16.6	9	19.6		
Employment status:						
Working	28	26.5	12	26.1	0.743	0.690
Not working	74	73.5	34	73.9		
Income/ month:						
Sufficient	11	10.8	5	10.9	15.21	0.001*
Not Sufficient	91	89.2	41	89.1		

χ^2 **: Chi-Square test   *Significant at P≤0.05**

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Table (4): Relation between levels of depression and personal characteristics among caregivers of psychiatric patients (n=148)

Personal characteristics	Mild depression n=8		Moderate depression n=12		Severe depression n=128		χ^2 Test	P Value
	N	%	N	%	N	%		
Sex:								
Male	3	37.5	4	33.3	36	28.1	0.437	0.804
Female	5	62.5	8	66.7	92	71.9		
Age/ years:								
20 - 40	4	5.05	6	50	61	47.7	8.20	0.223
40 – 60	4	50	6	50	67	52.3		
Marital status:								
Single	0	0	0	0	22	17.2		
Married	7	87.5	11	91.7	84	65.6		
Divorced	1	12.5	1	8.3	20	15.6	5.67	0.460
Widow	0	0	0	0	2	1.6		
Education:								
Illiterate	3	37.5	1	8.3	17	13.2		
Basic	2	25.1	4	33.3	25	19.5		
Secondary	3	37.5	3	25.1	60	46.9	9.17	0.057
University	0	0	4	33.3	26	20.3		
Employment status:								
Working	2	25.0	5	41.7	33	25.8	21.11	0.024*
Not working	6	75	7	58.3	95	74.2		
Income:								
Sufficient	1	12.5	3	25.0	12	9.4	3.89	0.143
Not Sufficient	7	87.5	9	75.0	116	90.6		

χ^2 **: Chi-Square test   *Significant at P≤0.05**

Table (5): Correlation between total scores of burden of care giving, submissive behaviors and depression among the studied care givers of psychiatric patients (n = 148)

Items	The total score of submissive behavior		The total score of depression		The total score of the burden	
	R	**P-value**	**R**	**p-value**	**R**	**p-value**
The total score of the burden	0.570	0.000**				
The total score of submissive behavior			0.551	0.000**		
The total score of depression					0.924	0.000**

r=Pearson correlationsignificant at P≤0.01**

DISCUSSION

Family dynamics are highly affected when it comes to caring for someone with a mental or physical disability, this has also caused many problems, and caregivers have to undergo undesirable levels of severe burden (Ntsayagae, Poggenpoel & Myburgh, 2019). Caregivers are highly susceptible to being overwhelmed and overburdened by the 'burden' of caregiving, and they use submissive behaviors as an inefficient stress coping strategy. Consequently, submissive caregivers may develop depression (Aylaz & Yıldız, 2018). Caregivers who are incapable of using or adapting approaches to overcome demands of care had an advanced caregiving burden that might produce depressive symptoms (Zhong et al., 2020). Therefore, this study is conducted to explore the relation between the burden of caregiving,

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submissive behaviors, and depressive symptoms among caregivers of psychiatric patients.

Many caregivers experience a substantial burden due to the additional responsibilities of caring for psychiatric patients (Thakur et al., 2022). The result of the existing study denoted that, the highest percentage of caregivers of psychiatric patients had a severe level of burden as a result of caring for psychiatric patients. The cause for this may be because the majority of psychiatric patients who received care were diagnosed with schizophrenia in this study. The caregivers of patients with schizophrenia experience a heavier burden than other psychiatric disorders because the family members of schizophrenia patients exhibit traumatic events at the beginning of the disease (Shiraishi &Reilly,

2019). The interpretation is supported by Clari et al. (2022) in Tanzania who clarified that the majority of caregivers had a high burden level due to caring for a relative with schizophrenia. The results highlight the significance of implementing psychosocial interventions for caregivers of schizophrenic patients.

The current results are consistent with Thakur et al. (2022), who did a study in Southwest Ethiopia and stated that the majority of caregivers exhibited moderate to severe burden levels due to caring for people with mental illness. The authors recommended that generating community awareness and interventions in the area of treatment access, stigma, financial, and other social support for people with mental illness and their caregivers would help out to reduce these burdens (Ayalew, Workicho, Tesfaye, Hailesilasie & Abera, 2019).

Another result of this study was that most of the caregivers of psychiatric patients had a high level of submissive behavior. This might be because they are highly susceptible to being overwhelmed and overburdened with the caregiving burden and utilizing submissive behavior to deal with difficulties as a result of taking on the caregiving role and completing a wide range of activities. This explanation is in congruence with Bastawrous (2013) in Canada, who concluded that during the caregiving process, caregivers of patients with psychiatric illnesses displayed submissive behavior. Depression is a prevalent and debilitating psychiatric illness that affects family caregivers of

people with severe mental illnesses (Zhang et al., 2021).

The study result signposted that, the highest percentage of caregivers experience a severe level of depression, this may be attributed to caregivers' own somatic and psychological well-being becoming ignored when they face a struggle in harmonizing family, work, and caregiving. Consequently, they experience lessening in social communication, economic difficulties, no pleasure, and poorer life gratification (Mishra & Shakya, 2020). Similarly, a study conducted in Egypt by El-Bilsha (2019), mentioned that depression is the most prevalent mental problem among caregivers. Adittionally, Ehsan, Johar, Saleem, Khan & Ghauri (2018), found that depression has been cited as one of the main psychological consequences of caregiving. The findings emphasize the need for educational programs for caregivers to support them to overcome emotional difficulties accompanying caring for psychiatric patients.

Our findings suggest female family caregivers endure a greater burden of care than male family caregivers are consistent with other research by Udoh et al. (2021) who assess "Psychological distress and burden of care among family caregivers of patients with mental illness in a neuropsychiatric outpatient clinic in Nigeria." It may be assumed that Females are more likely than males to take on the responsibility of caregiver for family members and relatives who are physically or mentally ill. Additionally, Female caregivers

also carry higher emotional, social, financial, and interpersonal stress, making them more vulnerable to the burden of care (Ayalew et al., 2019). As in this study, Bademli et al. (2018) found that women had a higher level of the burden of caregiving.

Moreover, the present study clarified a statistically significant relation between the high level of submissive behavior and monthly income; the result reported that almost all of the caregivers who had a high level of submissive behavior had not enough monthly income. This is, without a doubt, the biggest obstacle to effective coping. This may be owed to that caregivers have major caregiving accountabilities, most caregivers were not working and not capable to work as they left working or decrease their working hours and expend their time at home to care for their relatives. This leads to the feeling of inferiority, self-blaming, low self-esteem, increase internal anger, lack of assertiveness, denial of personal wants and needs, lead to devoid of social support resources, and use of submissive to cope with this difficulty.

On the same line, Aylaz & Yıldız (2018) conducted a study titled "The care burden and coping levels of chronic psychiatric patients' caregivers," and illustrated that caregivers in low socioeconomic levels prefer a more submissive approach to cope with caregiving stress. This finding indicates that low-income caregivers had difficulty coping and need guidance.

The present study also displayed that, there was a statistically significant relation between

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depression levels and employment status. The result reported three-quarters of caregivers with a severe level of depression were not working. It might be because caregivers' working status is an important issue impacting their lives, also, this is because of the extra burden imposed on the individual who wants to work and care for the patient. The connection between occupational status and depression among caregivers has been conveyed to be a noteworthy issue causing additional distress and advanced rates of depression. Primary caregivers of psychiatric patients who are not working should be given special attention. The result is in the same line as Ranjan& Kiran (2016). Additionally, Cabral, Duarte, Ferreira & Dos Santos (2014), concluded that unemployment, lower income for caregiving of the mentally ill, and increasing duration of caregiving increased the odds of experiencing severe depression among caregivers.

The present study also represents that there was a statistically significant correlation between burden level and submissive behavior as well as depression; this could be attributed to advanced rates of caregiving accountabilities, frustration, and anxiety when they are requested to undertake charge for the patient's whole care since they are considered to experience advanced levels of caregiving burden. Besides, they develop high submissive behavior to deal with the challenges they have faced, as well as depression symptoms. Caregivers may become depressed as a result. Our findings could have significant clinical implications. Interventions targeted at lowering

burden, with a particular focus on teaching effective coping skills, could help reduce depressive symptoms among family caregivers of psychiatric patients.

This result is in accordance with Bademli et al. (2018), additionally, Stanley, Balakrishnan & Ilangovan (2017), indicated that caregivers with greater burden had more submissive behavior and depressive symptoms. These results reinforced the deduction that caregivers revealed submissive behaviors as an unproductive coping approach. When people use inefficient strategies to cope with stress, they may experience prolonged tension. Caregivers may become depressed as a result (Bademli et al., 2018). The situation is similar to a study in China by Zhong et al. (2020) who reported a noteworthy association between the burden of care and depressive symptoms among family caregivers and concluded that massed social support, health monitoring, and structured interventions to diminish the caregiver burden and lessen family caregivers' depressive symptoms are crucial.

CONCLUSION AND RECOMMENDATIONS

It can be concluded that most of the caregivers experienced severe burdens while caring for their psychiatric patient relatives, more than half of them had a high level of submissive behaviors, and almost all of them had a severe level of depression.

The following recommendations were suggested in light of the findings of this study:

- Psychiatric nurses can teach efficiently coping approaches to reduce the burden of caregiving, submissive behaviors, and depression as a portion of their health promotion and education performs in clinical zones or the public.

- Implementing efficient family-based involvements will probably vary across families and caregivers, needing caregiver-specific health assessment, personalized social support, and complete family programs to intervene the burden of caregiving.

- Psychoeducational programs targeting reducing submissive behaviors should be prioritized to promote the psychological well-being of psychiatric patients' caregivers.

Further Research:-

Develop an educational program for a caregiver to enhance effective coping styles which in turn lessen burden and depression when caring for psychiatric patients.

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