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COMPARE THE CAREGIVER BURDEN AMONG PSYCHIATRIC ILLNESS AND MEDICAL ILLNESS IN TRIPURA MEDICAL COLLEGE & DR. BRAM TEACHING HOSPITAL, AGARTALA, TRIPURA WEST

Mental Health Nursing

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ABSTRACT

The primary **objective of this study** was to discern the differences in caregiver burden between psychiatric and medical illnesses at Tripura Medical College & Dr. BRAM Teaching Hospital, Agartala, Tripura West. The research **aimed** to assess the burden of caregivers within both categories, compare these burdens, and investigate the association between caregiver burden and selected socio-demographic variables. Sister Callista Roy's Adaptation Model (1976) provided the conceptual framework for this study. **Methodology:** Employing a quantitative research approach with a descriptive comparative research design, we utilized purposive sampling to gather data from 60 caregivers (30 for psychiatric illness and 30 for medical illness). The assessment of caregiver burden relied on a socio-demographic proforma and the standardized Zarit Burden Interview Schedule. **Results:** The findings revealed that 60% of caregivers for psychiatric illness reported a moderate burden, while 57% of caregivers for medical illness experienced a mild burden. The mean caregiver burden scores for psychiatric and medical illnesses were 49.33 and 39.17, respectively. Significantly, an unpaired 't' test yielded a mean difference of 10.16, with a 3.25 't' value, reaching statistical significance at $P<0.05$. Further analysis through Analysis of Variance (ANOVA) demonstrated significant associations between caregiver burden for psychiatric illness and specific socio-demographic variables: marital status, caregiver income, and patient occupational status. Similarly, caregiver burden for medical illness exhibited significant associations with selected demographic variables: duration of stay with patients and family income per annum. Other variables showed no significant associations. **Conclusion**, this study determined that caregivers of psychiatric illness predominantly experienced a moderate burden, whereas caregivers of medical illness reported a milder burden. The findings underscore the importance of considering socio-demographic factors in understanding and addressing caregiver burden for both psychiatric and medical illnesses.

KEYWORDS

Caregiver burden, Psychiatric illness, Medical illness, Mental health, Physical health

INTRODUCTION

Caregiver burden is a term used to describe the physical, emotional, and financial strain experienced by individuals who provide care for people with chronic illnesses. Caregivers play a crucial role in the management and support of individuals with psychiatric and medical illnesses. However, the burden associated with caregiving can have a significant impact on the well-being and quality of life of caregivers. In this paper, we were compare the caregiver burden among psychiatric illness and medical illness in Tripura Medical College & Dr. BRAM Teaching Hospital, Agartala, Tripura West. Caregiver Burden Among Psychiatric Illness Psychiatric illnesses, also known as mental illnesses, refer to a wide range of disorders that affect an individual's thinking, mood, and behavior. These illnesses can be chronic and require long-term care and support from family members or other caregivers. In Tripura Medical College & Dr. BRAM Teaching Hospital, Agartala, Tripura West, psychiatric illnesses such as schizophrenia, bipolar disorder, and depression are among the most prevalent conditions.

The burden of caring for individuals with psychiatric illnesses can be overwhelming for caregivers. Studies have shown that caregivers of people with psychiatric illnesses experience higher levels of burden compared to those caring for individuals with physical illnesses (1). This could be due to the unpredictable nature of psychiatric illnesses, which can make it challenging for caregivers to plan and manage care effectively.

The caregiver burden among psychiatric illness in Tripura Medical College & Dr. BRAM Teaching Hospital can be further exacerbated by the stigma and discrimination associated with mental health conditions.

According to the World Health Organization (WHO), more than 400 million people worldwide suffering from mental illness. Many people with chronic medical or mental illness depend on family & friends for support & help. Caring for psychiatric or mental disorders requires tireless effort, energy & emotional investment. A caregiver is a family or non-family member who has been living with & closely involved in daily activities, health care & social interaction of the patient for at least a year. Burden of care can be understood by its impact & effects on caregivers. The early conceptualization of burden of care can be divided into 2 distinct components, objectives & subjective.

OBJECTIVES OF THE STUDY:

1. To assess the burden of caregivers among psychiatric illness.
2. To assess the burden of caregivers among medical illness.
3. To compare the caregivers burden among the psychiatric illness and medical illness.
4. To determine the association between burden of the caregiver among the psychiatric illness and medical illness with their selected socio demographic variables.

HYPOTHESIS:

H_1: There is a significant difference between caregiver burden among the psychiatric illness and medical illness.

H_2: There is a significant association between caregiver burden among the psychiatric illness with their selected demographic variables.

H_3: There is a significant association between caregiver burden among the medical illness with their selected demographic variables.

RESEARCH METHODOLOGY:

Research Approach: Quantitative research approach utilized.

Research Design: Descriptive comparative study design adopted.

Variables:

- **Research variables:** Caregivers' burden in psychiatric and medical illnesses.
- **Demographic variables:** Age, gender, education, occupation, income, family details, patient details.

Research Setting:
Conducted at Tripura Medical College & Dr. BRAM Teaching Hospital, Agartala, Tripura West.

Target Population: Caregivers of psychiatric and medical illnesses.

Sample: Total of 60 caregivers (30 for psychiatric illness, 30 for medical illness) chosen through purposive sampling.

Sampling Technique: Purposive sampling method applied.

Sample Size: 60 caregivers (30 for each illness category).

Criteria For Sample Collection:
Inclusion Criteria: Age > 18, caregivers staying > 6 months, duration

of illness > 6 months, specific illnesses.

Exclusion Criteria:
Not willing to participate, paid caregivers, multiple caregivers, specific illnesses.

Selection & Development of Tools:
- Socio-demographic data and Zarit Burden Interview Schedule used.
- Zarit Burden Interview Schedule reliability established with Cronbach's alpha value of 0.93. Zarit Burden Interview Scale 22-item questionnaire on caregivers' burden, scored on a 5-point Likert scale.

Ethical & Administrative Permissions:
Approval obtained from Research Committee, Institutional Ethics Committee, and authorities of Tripura Medical College. Informed consent obtained from each participant.

Pilot Study:
Conducted with 20 caregivers (10 for each illness category) to test tools and procedures. Found significant differences in caregiver burden between psychiatric and medical illnesses.

Procedure For Data Collection:
- Administrative permissions secured.
- Written consent obtained from participants.
- Face-to-face interviews conducted, ensuring privacy and confidentiality.

Plan For Data Analysis:
- Descriptive statistics used for demographic data.
- Inferential statistics (unpaired 't' test, ANOVA) applied for comparing caregiver burden.
- Results presented through tables and graphs.

RESULTS:

The Demographics Key Findings.
Psychiatric caregivers, notably 27%, are aged above 57, while a significant portion of medical caregivers (33%) falls within the 38-47 age group. Female predominance is observed with 57% in psychiatric and 67% in medical caregiving. Most caregivers in both groups (77%) identify with the Hindu community and reside in rural areas (67% psychiatric, 53% medical). Education levels primarily include primary or H.S. stages for 53% of psychiatric and 47% of medical caregivers. Marital status indicates that 77% of caregivers in both groups are married, with 40% experiencing unemployment and no income. Family structures vary, with 50% in both groups belonging to nuclear families. Spousal relationships account for 33% of psychiatric caregivers, while daughters-in-law or sons-in-law make up 37% of medical caregivers. Long-term caregiving is prevalent, with 93% of psychiatric and 80% of medical caregivers having a duration exceeding 5 years. Income levels of 1-5 lakhs per annum are reported by 80% of psychiatric and 83% of medical caregivers. Age distributions show 30% of psychiatric patients aged 28-37 and 30% of medical patients aged 68-77. Partial self-care is observed in 60% of psychiatric and 67% of medical patients, with prolonged illnesses noted in 37% of psychiatric patients (exceeding 5 years) and 43% of medical patients (6 months-1 year). Occupational diversity includes 40% of self-employed psychiatric patients and 43% of unemployed medical patients. Income levels of Rs.1000-10000 are reported by 37% of psychiatric and 53% of medical patients, with additional financial support lacking for 87% of psychiatric and 73% of medical patients.

Table No 1: Level Of Burden Score Among The Caregivers Of The Psychiatric Illness & Medically Illness. N=60

Zarit Burden score	Group			
	Psychiatric illness		Medical illness	
	F	%	F	%
Little or No burden (0-22)	01	3.33%	02	6.66%
Mild Burden (23-44)	07	23.33%	17	**56.67%**
Moderate burden (45-66)	18	**60%**	11	36.67%
Severe burden (67-88)	04	13.33%	0	0%

Table no: 1 depicts that, 3.33% were having little or no burden followed by 23.33% were having mild burden, 60% were having moderate burden & 13.33% were having severe burden among caregivers of psychiatric illness. 6.66% of medical caregivers were having litte or no burden followed by 56.67% were having mild burden and 36.67% were having moderate burden. The above data revealed that caregivers of psychiatric illness have more burden than caregivers of medical illness.

Table-2: Comparison Of Mean, Median, SD, Unpaired 't' Value On The Caregivers Burden Among The Psychiatric Illness & Medical Illness.

Group of Caregivers	Level of Burden				
	Mean	Median	SD	Mean diff.	Unpaired 't' value
Psychiatric illness	49.33	44.5	13.28	10.16	3.25*
Medical illness	39.17	38.83	10.77		

Table no: 2 depicts that the mean burden score among the caregivers of psychiatric illness (49.33) was more than the mean burden score of the caregivers of medical illness (39.17). Median burden score among the caregivers of psychiatric illness (44.5) was also higher than the median burden score of the caregivers of medical illness (38.83). Mean difference between the burden level among the caregivers of psychiatric illness and medical illness was 10.16. SD value of the caregivers of psychiatric illness was 13.28 which was more disperse than the SD value of the caregivers of the medical illness (10.77).

Regarding association between caregiver burden among psychiatric illness with their selected socio-demographic variables. The ANOVA test was used.

Results reveal a significant association between caregiver burden in psychiatric illness and selected socio-demographic variables, specifically 'marital status' (calculated 'F' value=8.37, tabulated 'F' value=3.35, df between groups=2, df within groups=27), 'caregivers income' (calculated 'F' value=2.86, tabulated 'F' value=2.62, df between groups=5, df within groups=23), and 'Patients occupational status' (calculated 'F' value=2.86, tabulated 'F' value=2.62, df between groups=5, df within groups=24) at a 0.05 level of significance.

Regarding Association Between Caregiver Burden Among Medical Illness With Their Selected Socio-demogaphic Variables.
Results reveal a significant association between caregiver burden in medical illness and selected demographic variables, particularly 'duration of stay with patient' (calculated 'F' value=5.64, tabulated 'F' value=3.35, df between groups=2, df within groups=27) and 'family income per annum' (calculated 'F' value=3.78, tabulated 'F' value=3.35, df between groups=2, df within groups=27) at a 0.05 significance level.

CONCLUSION:

The present study conducted to compare the caregiver burden among the psychiatric illness and medical illness, Agartala, Tripura West. From the findings of the present study it can be concluded that burden experienced by the caregivers of psychiatric illness was mostly of moderate burden whereas the caregivers of medical illness was mild burden. The ANOVA results showed that there was a significant association between caregiver burden of psychiatric illness with their selected demographic variables. On the other hand, the ANOVA result showed that there was a significant association between caregiver burden of medical illness with their selected demographic variables.

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