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A STUDY TO ASSESS PERCEIVED BURDEN AND QUALITY OF LIFE AMONG SIGNIFICANT FAMILY MEMBER OF PATIENTS WITH MENTAL ILLNESS IN SELECTED TERTIARY CARE HOSPITAL, LUDHIANA, PUNJAB.

Mental Health Nursing

Ms. Ayushi Raina* BEE ENN College Of Nursing, Jammu Nursing Tutor *Corresponding Author
Dr. Triza Jiwan DMCH College Of Nursing, Ludhiana Professor & Principal
Mrs. Shailza Sharma DMCH College Of Nursing, Ludhiana Associate Professor

ABSTRACT

Background: Caring for a mentally ill patient is an exhausting activity that requires considerable amount of time, energy and money for longer duration. It leads to considerable amount of burden which affects the quality of life of the caregivers. **Aim** : To assess perceived burden and quality of life among significant family member of patients with mental illness. **Material & Methods:** A quantitative research approach & non-experimental descriptive survey design was used to assess perceived burden and quality of life. A convenience sampling technique was employed to collect data from a sample of 360 significant family members of patients with mental illness visiting psychiatric and de-addiction OPD of DMC & Hospital, by self-report method using Zarit Burden Interview and Short form health survey SF-36. **Results:** Majority (54.7%) of significant family members were having mild perceived burden. and were having higher quality of physical health as compared to mental health. Perceived burden and quality of life had statistically significant weak negative correlation (r= -0.27, p=<0.001) **Conclusion:** The study concluded that most of the family members were having mild perceived burden and higher physical health quality of life as compared to mental health quality of life. The perceived burden had a negative impact on the QOL of the significant family members.

KEYWORDS

perceived burden, quality of life, significant family member.

INTRODUCTION:

Caring for a mentally ill patient is an exhausting activity that requires considerable amount of time, energy and money for longer duration.[1] It is very demanding and challenging to take care of patients living with mental health issues, particularly in India, where the social stigma of being labelled "Mentally ill" by even consulting a psychiatrist is prevalent.[2] Long-term caregiving burden affects the QOL of caregivers.

MATERIAL & METHODS:

A quantitative research approach & non-experimental descriptive survey design was used to assess perceived burden and quality of life. A non-probability convenience sampling technique was employed to collect data. Cochran's formula was used to calculate the sample size and data was collected from a sample of 360 significant family members of patients with mental illness visiting psychiatric and de-addiction OPD of DMC & Hospital, by self-report method using Zarit Burden Interview and Short form health survey SF-36. The reliability of tool was determined using Cronbach's alpha. The calculated reliability of the Zarit Burden Interview was 0.78 and Short form Health Survey was 0.77. A pilot study was conducted on $1/10^{th}$ of total sample i.e. 36 significant family members of the patients with mental illness visiting Psychiatric and De-addiction OPD of DMC & Hospital, Ludhiana. Ethical clearance was undertaken from the Ethical Committee of DMC & Hospital, Ludhiana, Punjab. A written permission was obtained from the Principal, College of Nursing and HOD of Psychiatric department, DMC & Hospital, Ludhiana. The study included the significant family members: who were taking care of their mentally ill patient at home and hospital for atleast ≥ 6 months; who were in the age group of 18- 65 years; who were available at the time of data collection; who were able to read and understand English, Hindi or Punjabi language; who were father, mother, spouse, sibling or child of the patient. Family members who visited OPD for the first time, who were not willing to participate and who were having any history of physical or psychiatric illness were excluded. The analysis of data was carried out with the help of Microsoft Excel and SPSS version 29.

RESULTS:

The study revealed that majority (42.8%) of significant family members were in the age group of 20-35 years with mean age 38.51 ± 12.57. (51.1%) were female, (51.4%) were Sikh, (34.4%) were educated up to graduation and above, (72.5%) were married, (51.9%) belonged to joint family, (57.2%) were from urban habitat, (53%) were not working. Majority 197 (54.7%) of the family members were having mild perceived burden (PB) followed by 109 (30.0 %) moderate PB, 28 (7.8%) severe PB and 26 (7.2%) had no PB. It was also found that mean % of role strain (56.66%) was higher as compared to personal strain (23.58). The mean score of physical health domain of QOL (64.16 ± 21.63) was higher as compared to mean score of mental health domain of QOL (51.70 ± 16.06). There was a statistically significant negative correlation between perceived burden and quality of life (r= -0.27, p=<0.001).

DISCUSSION:

The findings of this study showed that about 54.7% of significant family members of patients with mental illness experienced mild level of perceived burden and 30.3% experienced moderate level of perceived burden. Previous studies have also shown that family members of mentally ill patients experience mild to moderate level of caregiving burden.[3][4] In this study, mean QOL score was 59.32 ± 17.50 in which the physical health domain of QOL had higher mean 64.16 ± 21.63 as compared to the mental health domain of QOL with mean 51.70 ± 16.06. Similar results were found in previous studies where mean score of physical health domain was higher than domain of mental health. [5][6] This study found a statistically significant negative correlation between perceived burden and QOL at p<0.00, which had high resemblance to previous studies on caregiving burden and QOL that revealed negative correlation between perceived burden and QOL at p<0.05. [7][8]

Table 1: Frequency And Percentage Distribution Of Significant Family Members Of Patients With Mental Illness As Per Their Socio-demographic Variables N= 360

Socio-demographic variables	f (%)
Age (in years)	
20-35	**154 (42.8)**
35-50	127 (35)
50-65	69 (19.2)
≥65	10 (3)
Gender	
Male	176 (48.9)
Female	**184 (51.1)**
Educational status	
Illiterate	14 (3.9)
Elementary	113 (31.4)
Higher secondary	109 (30.3)
Graduate and above	**124 (34.4)**
Marital status	
Married	**261 (72.5)**
Unmarried	92 (25.5)
Divorced / separated	2 (0.5)
Widow/widower	5 (1.5)
Type of family	
Joint	**187 (51.9)**

Nuclear	173 (48.1)
Habitat	
Urban	**206 (57.2)**
Rural	154 (42.8)
Mean age (in years) ± *SD*= 38.51 ± 12.57	

Table 2 (a): Frequency And Percentage Distribution Of Patients With Mental Illness As Per Their Socio-demographic Variables. N=360

Socio-demographic variables	f (%)
Age (in years)	
10-25	79 (22)
25-40	**111 (30.8)**
40-55	**111 (30.8)**
55-60	23 (6.4)
≥60	36 (10)
Gender	
Male	180 (50)
Female	180 (50)

Table 2 (b): Frequency And Percentage Distribution Of Patients With Mental Illness As Per Their Clinical Profile.

	N= 360
Clinical variables	**f (%)**
Clinical diagnosis	
Psychotic disorder	**201 (55.8)**
Neurotic disorder	139 (38.6)
Substance use	20 (5.6)
Type of OPD service	
Psychiatric	**339 (94.2)**
De-addiction	21 (5.8)
Frequency of visit to OPD per month	
Once	**172 (47.8)**
Twice	109 (30.3)
Thrice	6 (1.7)
Four times	48 (13.3)
Once in two months	25 (6.9)
History of hospitalization	
No	**261 (72.5)**
Yes	99 (27.5)
If yes, the specify the number of times (n= 99)	
1-5	91 (91.9)
5-10	7 (7.1)
>10	1 (1)
Family history of psychiatric illness	
No	**289 (80.3)**
Yes	71 (19.7)

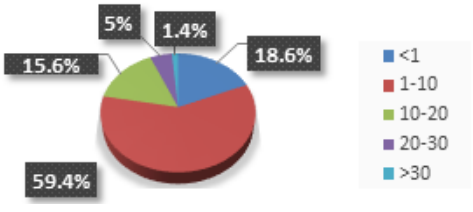

Figure 1: Frequency distribution of patients with mental illness as per duration of illness (in years)

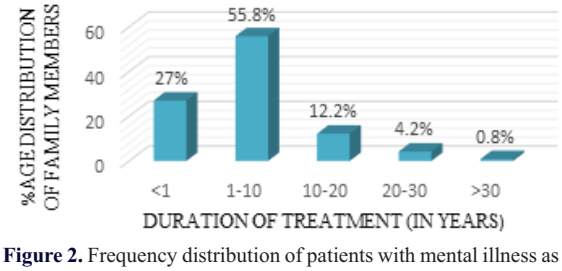

Figure 2. Frequency distribution of patients with mental illness as per duration of treatment (in years)

Table 3: Mean and mean percentage of perceived burden (PB) and quality of life (QOL) and correlation between perceived burden and quality of life among significant family members of patients with mental illness.

		N = 360	
Variables	Mean ± SD	Mean %	r (p)
Perceived burden	15.29 ± 10.79	31.85%	-0.27
Quality of life	59.32 ± 17.50	61.74%	(<0.001**)
	Minimum score	Maximum score	
Perceived burden	0	48	

**Highly significant p<0.01 level

Table 4 (a): Frequency and percentage distribution of significant family members of patients with mental illness according to the level of perceived burden (PB).

N = 360		
Level of perceived burden	**Score**	**f (%)**
No	0	26 (7.2)
Mild	1-16	**197 (54.7)**
Moderate	17-32	109 (30.3)
Severe	33-48	28 (7.8)

Total Mean ± SD= 15.29 ± 10.79
Minimum score: 0 Maximum score: 48

Table 4 (b): Domain-wise mean and mean percentage of perceived burden (PB) score among significant family members of patients with mental illness. N = 360

Domains of perceived burden	Mean ± SD	Mean %
Personal strain	8.49 ± 8.85	23.58
Role strain	6.80 ± 3.45	56.66
Total Mean ± SD = 15.29 ± 10.79		
	Minimum score	Maximum score
Personal strain	0	36
Role strain	0	12

CONCLUSION

The study concluded that most of the significant family members were having mild perceived burden and higher physical health quality of life as compared to mental health quality of life. There was a statistically significant weak negative correlation between perceived burden and quality of life which indicates that lower the burden higher the quality of life.

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