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Resilience and Quality of Life in Caregivers of Schizophrenia and Bipolar Disorder Patients

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Abstract- The present study was designed to explore the resilience amongst caregivers of individuals diagnosed with schizophrenia and bipolar disorder and also to examine whether resilience affects an individual's quality of life. For this purpose, a sample of 50 caregivers (25 from each group) residing with the patients, aged between 20-70 years was selected from psychiatry department of hospitals, and organizations and clinics dealing with the mentally ill persons located in Delhi / National Capital Region, India. Two standardized instruments, World Health Organization Quality of Life – BREF and the Connor-Davidson Resilience Scale were used for the study. Results indicated resilience to be same in both the groups of caregivers, i.e., there was no significant difference between resilience in caregivers of schizophrenic patients and bipolar disorder patients. There was a significant correlation between the quality of life and resilience in caregivers of individuals diagnosed with schizophrenia and bipolar disorder. The present study, however, did not compare the obtained results with a normal group of individuals to see if and how their quality of life and resilience differ from that of caregivers. The implication of this would be to work on a rehabilitation program that would focus on improving the financial factor and entertainment aspect of caregivers that would eventually maintain a good quality of life and in turn enhance their coping skills and resilience as well.

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I. INTRODUCTION

Since time immemorial, mental disorders have affected the lives of individuals all over the world. Their treatment, cure and care have been of concern for the patient themselves, and also their caregivers, society and government. Humans live in a family setup and when one falls ill, it is the family members who are automatically assigned to take care of the patient during his illness. Additionally, as a result of de-institutionalization and the increasing shift of psychiatric care to the community, the role of family caregivers has gained importance (Kaushik and Bhatia, 2013). Hence, the responsibilities of the caregivers increase tremendously as they have to take care of the patient's medical, financial and social needs along with

their own personal needs. They, as family members feel a lot of burden and stress in managing the individual diagnosed with the disorder. There have been various studies to see the caregiver's burden and the resultant decrement in their resilience and quality of life (Marsh, Kersel, Havill, & Sleight, 1998; Burt et al, 2004; Saarni, 2010). Social support has been identified as possibly mediating the burden response (Brooks, Campsie, Symington, Beattie, & McKinlay 1987). Talsma (1995), in a cross-sectional study evaluated the theoretical model of resilience. She suggested that chronic strain was a risk factor that had a detrimental effect on an individual's resilience. Also, it was found that social support and behavioural ways such as physical activities mediated the impact of chronic strain. In India, Gururaj, Math, Reddy, and Chandrashekhar's study (2008) highlighted that the family and economic burden were significantly higher in people with schizophrenia as compared to other mental disorders. Kaushik and Bhatia (2013) conducted a study on the burden and quality of life in spouses of patients with schizophrenia and bipolar disorder. The results indicated significant effects of gender and family type on spousal burden. The quality of life of spouses of people with mental illness proved to be somewhat lower than that of the general population. These studies provide us with insight into the caregiver's issues, however, there aren't enough researches examining Quality of life of and Resilience among caregivers of individuals diagnosed with psychotic illnesses such as schizophrenia and Bipolar Disorder. Moreover, a combination comparing these two variables (QOL and resilience) together and how it has an impact on the caregivers has not been attempted. Thus, the present research was undertaken to explore these aspects.

II. METHOD

The aim of the study was to explore the resilience amongst caregivers of individuals diagnosed with schizophrenia and bipolar disorder and also to examine whether resilience affects an individual's quality of life.

a) Sample

Purposive sample consisted of 50 caregivers (25 family members of Schizophrenic patients and 25 family members of patients diagnosed with Bipolar Disorder as per the ICD-10 diagnostic criteria (WHO,

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1992/2007)). The data were collected from psychiatry department of hospitals, and organizations and clinics treating the mentally ill persons, located in Delhi / National Capital Region, India. Age range of participants was between 20-70 years of age and they were residing with the patient in the same household.

b) Design

The study used two groups between subject research designs wherein the two groups were caregivers of both the disorders.

c) Tools

The procedure for administering the research included taking their informed consent to be a participant in the study. Once they agreed, personal details and responses to questionnaires were obtained in an individual interview setting. The tools used were

two standardized instruments: Connor Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003) to measure the level of resilience in the caregivers and the World Health Organization Quality of Life – BREF (WHOQOL-BREF) (WHO, 1996) to assess the subjective perception of their quality of life.

III. RESULTS

Fifty caregivers divided either as male and female, or their service to the groups of the mentally ill (schizophrenia and bipolar disorder). Groups were comparable (no significant difference between groups). Pertaining to the difference in resilience of the two groups of caregivers, the resilience was found to be almost same in both the groups of caregivers (Schizophrenia and Bipolar Disorder) (Table no. 1).

Table 1 : Resilience in caregivers of Schizophrenia and Bipolar Disorder (N = 50)

Resilience					
Caregivers of Schizophrenia n = 25		Caregivers of Bipolar disorder n = 25		t	p
Mean	SD	Mean	SD		
70.80	11.96	65.08	16.64	1.40	0.17

Correlation was significant ($r = 0.55$, $p = 0.01$) between quality of life and resilience amongst caregivers of schizophrenia and bipolar disorder patients (Table no. 2). It seems that Quality of Life enhances resilience

of the caregivers of mentally ill people or vice-versa. However, we cannot determine a cause and effect relationship between the two variables, i.e., quality of life and resilience.

Table 2 : Quality of Life and Resilience of caregivers of individuals with Schizophrenia and Bipolar Disorder (N = 50)

All Caregivers of individuals diagnosed with Schizophrenia and Bipolar Disorder					
Quality of life, n = 50		Resilience, n = 50		r	p
Mean	SD	Mean	SD		
98.28	15.30	67.94	14.62	0.55	0.01

IV. DISCUSSION

Resilience of caregivers of individuals with schizophrenia was not significantly different from that of caregivers of individuals with bipolar disorder ($t = 1.40$, $p = 0.17$). Family members who reside with individuals diagnosed with a mental disorder, both schizophrenia and bipolar disorder being put on the same pedestal, face caring problems and stigma. Thus, the quality of life in caregivers of the two groups remains relatively similar. Additionally, both schizophrenia and bipolar are relatively chronic in nature of progress, consequently it may reduce the perceived stress on their caregivers over time as they may adjust to the behaviour patterns and changes in the patients over the years, perhaps becoming more resilient individuals as a result of habituation.

Correlation between Quality of life and resilience of caregivers of both the groups can be explained in terms of the common factors shared. Both quality of life

and resilience are complex concepts influencing and influenced by multi-dimensions in caregivers including their burden, stress level, personality characteristics, family environment, social adjustment, and availability of economic resources as summarized from the following studies on the two variables. Results of the study conducted by Urizar, Maldonado & Castillo (2009) suggested that the caregiver's QOL was negatively influenced by emotional, physical and economic suffering as a result of a number of unfulfilled needs such as lack of spare time, restitution of patient functioning in family and social roles among other factors. Decreased QOL may be associated with burden on caregivers, lack of social support, and course of the disease and family relationships problems. In addition, QOL is said to be affected by caregivers' economic burden in developing countries. Awadalla, Ohaeri, Salih & Tawfiq (2005) found that the caregivers' inner strengths, extended family support, positive

appreciation of the patients are resources for enhancing the caregiver roles.

As far as resilience is concerned, support from friends and family has been found to be helpful in reducing or controlling the inconvenience caused to the caregivers (Brooks et. al., 1987). Families are automatically secluded from social support systems, just like patients themselves. In order to have good family adaptation, it is immensely important to have friends to provide encouragement and support that will help to enhance resilience (Kosciulek and Pichette, 1996). The well-being of caregivers was found to be predisposed by awareness of their situation; opinions of the family's adaptability; individuals' view of themselves as caregiver; good health; and a good bond with the care-recipient (Berg-Weger, Rubio & Tebb 2001). Thus, from the above discussion it can be said that resilience and quality of life in caregivers affect each other.

V. CONCLUSIONS

To summarize it can be stated this study has added to the understanding of the level of resilience in caregivers of different chronic mental disorders and the relationship between resilience and QOL of caregivers of psychiatric patients. In short:

1. Quality of life and resilience of caregivers of individuals with schizophrenia and bipolar disorder seem to be related with each other.
2. Resilience appears to be same in both the groups of caregivers, i.e., there was no significant difference between resilience in caregivers of Schizophrenic patients and Bipolar Disorder patients.

VI. IMPLICATIONS

When chronic patients are taken care of in a formal set up like hospitals, clinics, nursing homes or NGO's, along with the consultation for medical purposes and welfare of the patient, focus may also be put on improving the quality of life and resilience of caregivers so that their coping with the continuing stress can be handled in a better manner. Although, it was not analyzed, most of the participants (caregivers) expressed the view that they experienced financial constraints in looking after their wards, and that they did not get leisure time for themselves. In order to provide aid to the caregivers, certain entertainment and learning skills can be imparted. These would include providing social support and interaction via recreational activities such as a picnic, etc and at the same time teaching skills to the caregivers to improve their monetary funds. The basic idea, may be thought of now is a rehabilitation program not just for the patients, but the caregivers as well so that their quality of life is improved and consequently their coping skills and resilience becomes better.

VII. LIMITATION

A drawback of the present study is that it did not compare the Quality of life and resilience of the caregivers of both the groups (schizophrenics and bipolar disorder patients) with that of the general population.

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