

A Study to Assess the Quality Of Life among the Caregivers of Mentally Ill Patients of Both Inpatient And Outpatient Department of JMMC&RI, Thrissur.

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ABSTRACT

Introduction: Quality of life is an individual's perception in the position in life, in the context of culture and the value system in which they live and about their standards and concerns. The study was conducted to assess the quality of life among the caregivers of mentally ill patients of both inpatient and outpatient departments of JMMC&RI, Thrissur.

Objective: To assess the quality of life among care givers of mentally ill patients of both inpatient and outpatient departments of JMMC & RI, Thrissur. To find association Between quality of life with selected socio demographic variables among care givers of mentally ill patients of both inpatient and outpatient departments of JMMC & RI, Thrissur.

Method: Quantitative research study was used and 60 samples selected by convenient sampling technique. The data collected by using ll tools. In which tool ll include socio demographic and clinical data of patients and relatives. Tool ll was WHO QOLBREF Questionnaire.

Result: The study result showed that the mean transformed score of QOL is moderate in psychological domain and good in physical, social and environmental domain. There was no significant association between physical domain, psychological domain, social domain and environmental domain with selected socio demographic variables.

Conclusion: The caregivers of mentally ill patients have diminished QOL levels. The study suggests a need to provide caregivers with social support and psycho education to QOL as well as in developing healthy coping strategies.

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I. INTRODUCTION

Health, especially mental health is one of the most important possessions of an individual and it needs to be cherished, promoted and conserved to maximum. Psychiatric illness is increasingly becoming a major public health problem. According to WHO around 450 million people worldwide are suffering from some mental or behavioural disorder of which schizophrenia, BPAD, depression, ADS are important cause. According to evidence available, in India about 190- 200/1000 population have a physical or mental disorder. The major issues case in India regarding mental health is lack of mental health work force, financial aid, stigma, and care giver burden. Psychological symptoms that are frequently associated with caregivers of patients with mental illness are higher incidence of heart burn, headache, depression, anxiety, sleep difficulties and possibility of eventually death. Caregivers have also documented more stress psychological issues social isolation and family conflicts. Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. Care giving drains over emotions and hence care giver under goals of depression as compared to general population. Caring for people having severe psychiatric is order such as schizophrenia, BPAD, create a great challenge for caregiver. Due to increasing demands in responsibilities there is increasing concerns about their ability to cope up. The family plays a very vital role in care of mentally ill patients. A caregiver has been defined as "a family member who has been staying with patient more than a year and has closely related with patients daily activities, discussion and care "care givers for an integral part of psycho social management of mentally ill patient. Studies measuring quality of life among caregivers can help initiate early intervention among the honourable caregivers.

Problem statement

A study to assess the quality of life among care givers of mentally ill patients of JMMC& RI, Thrissur.

Objectives

- 1) To assess the quality of life among caregivers of mentally ill patients of both in patient and out patient departments of JMMC & RI, Thrissur.
- 2) To find the association between quality of life with selected socio demographic variables among care givers of mentally ill patients of both in inpatient and outpatient departments of JMMC & RI, Thrissur.

Assumption

- 1) Majority of mentally ill patients are cared by informal caregivers at home.
- 2) Lack of proper knowledge about care of mentally ill patient and inadequate support can contribute to reduced quality of life among caregivers of mentally ill patients.

II. Materials and methods

Quantitative research approach was used in the study.

Research design

Descriptive research design was used for the study.

Socio demographic and clinical variables

Name, age, sex, religion, occupation, marital status, family income per month, type of family, relationship with patient, number of caregivers, source of obtaining health related information: data of the patient that include age dependence level and comorbid conditions.

Research Setting

The present study was conducted in the inpatient and outpatient department of JMMC & RI Thrissur.

Population

Caregivers of mentally ill patients.

Samples and sampling technique

The study samples were 60 caregivers of mentally ill patients inpatient and outpatient department of JMMC & RI, Thrissur. In this study convenient sampling technique were used for selecting desired number of subjects.

Sampling Criteria

Inclusion criteria:

- Caregivers who are willing to participate in the study.
- Caregivers who stay with the patient atleast 4 week.
- People who can speak and write it her English or Malayalam.
- Relatives coming to outpatient department setup.

Exclusion Criteria:

- Those who are below 18years.
- Caregivers who are professionally trained.
- Caregivers who are mentally unstable

Description of the tool

Tool I-Socio demographic and clinical data of patient and relatives.

It is designed to elicit the general information of the respondents and it consist of thirteen items that include sage, sex, religion, occupation, marital status, family income per month, type of family, relationship with patient, number of care givers, source of obtaining health related information: data of the patient that include age dependence level and co morbid conditions.

Tool II-WHO QOLBREF questionnaire

It is a standardized tool developed in 1997 by World Health Organization, Geneva. Prior permission was obtained from the concerned authorities to use this tool for study purpose. It allows detailed assessment of each individual facet relating to quality of life. It contains a total of 26 questions two items from over all quality of life and general health are included, it has four domains-physical, psychological, social and environmental.

Data collection process

The data collection was for one month from 19/6/2022 to 26/6/2022. Formal permission was obtained from the Principal of Jubilee Mission College of Nursing, Medical superintendent, nursing superintendent, HOD of Psychiatry Department and the respective consultant of Jubilee Mission Medical College and Research Institute 60 patients were selected using random sampling technique.

There searcher met the study participants and established a rapport with them. The purpose of the study was explained and informed consent was taken from the participants. Anonymity and confidentiality was assured. Structured interview method was used for collection of data. Quality of life of caregivers of mentally ill patients was assessed by WHO QOLBREF questionnaire. Pre-test was done by WHO QOLBREF Malayalam version

III.Result

Section II

Section deals with the mean transform score of physical, psychological, social, environmental domains. The quality of life of caregivers of mentally ill patients was assessed by comparing with mean transformed score of each domain with standard transformed score.

Table2(a)

Variables	Mean	Interpretation
Physical domain	65.24	Quality of life is good
Psychological domain	57.08	Quality of life is moderate
Social relationship	68.05	Quality of life is good
Environmental domain	60.93	Quality of life is good

Section III

Comparison between quality of life with selected sociodemographic variables of caregivers of mentally ill patients

Table 3(a)

Comparison between QOL of caregivers of mentally ill patients with marital status of caregivers of mentally ill patients using independent two sample test n (60).

Domain	Married		Unmarried		P value
	Mean	SD	Mean	SD	
Physical domain	69.84	19.99	64.64	14.98	0.41
Psychological domain	69.64	15.9	55.42	16.17	0.033
Social domain	83.33	14.43	66.03	20.33	0.034
Environmental domain	71.87	17.76	59.49	15.13	0.051

Table 3(a) shows that there was no significant association between QOL with demographic variable, marital status of caregivers ($p \geq 0.05$)

Table 3(b)

Comparison between QOL of caregivers of mentally ill patients with relationship with patient using independent two sample t test. (n=60)

Domain	First degree relatives		Second degree relatives		P value
	Mean	SD	Mean	SD	
Physical domain	63.51	14.54	68.7	17.22	0.226
Psychological domain	54.79	17.41	61.66	14.34	0.133
Social domain	66.87	20.01	70.41	21.54	0.531
Environmental domain	58.51	15.16	65.78	16.36	0.094

Table 3(b) shows that there was no significant association between QOL with demographic variable ,relationship with patient ($p \geq 0.05$)

Table 3(c)

Comparison between QOL of caregivers of mentally ill patients with length of stay using independent two sample t test. (n=60)

Domain	5years-10years		Above 10years		P value
Domain	Mean	SD	Mean	SD	P value
Physical domain	68.98	15.59	62.75	15.2	0.13
Psychological domain	59.37	18.19	55.55	15.62	0.389
Social domain	71.18	17.54	65.97	22.12	0.337
Environmental domain	63.02	14.41	59.52	16.73	0.409

Table 3(c) shows that there was no significant association between QOL with demographic variable, length of stay with patient ($p \geq 0.05$)

IV Discussion

The study result showed that the mean transformed score of QOL is highest score 68.05 in the social domain followed by 65.24 in physical domain and 60.93 in environmental domain and 57.08 in psychological domain so the QOL is moderate in psychological domain and good in physical, social and environmental domain. There was no significant association between physical, psychological social and environmental domain with selected socio demographic variables.

V. Conclusion

Care givers of mentally ill patients have diminished QOL levels. studies measuring QOL among the care givers can help initiate early intervention among the vulnerable .this study suggest a need to provide care givers with social support and psyc education to improve the QOL as well as aid in developing healthy coping strategies.This study would help in increasing awareness among professional health care workers to identify risk care givers, health care workers by providing better psycho education to care givers can improve their QOL.The study found that the quality of life is good in physical domain (65.24), social relationship(68.08) ,environmental domain (60.93) and quality of life is good in psychological domain (57.08).

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