

The Quality of Life in Caregivers of Acute and Chronic Patients with Schizophrenia

Mahdieh Ahmadi ^{1*}, Hamid Reza Khankeh ², Mehdi Rahgozar ³, Robab Teymouri ⁴, Mehdi Sheikhsa ⁵

1. Center of Substance Abuse and Dependence, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

2. Disaster Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

3. Department of Biostatistics, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

4. Pediatric Neurorehabilitation Research Center, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

5. Department of Nursing, School of Medicine, Islamic Azad University, Qom Branch, Qom, Iran.

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ABSTRACT

Objective: The aim of present research was to compare the quality of life in caregivers of acute and chronic schizophrenic patients.

Methods: Considering the inclusion and exclusion criteria, 30 participants were selected through purposive sampling method among the caregivers of acute and chronic schizophrenic patients. The sample answered to WHO Quality Of Life (WHOQOL-100) and demographic questionnaires.

Results: The overall quality of life variables, physical health status, psychological status, independence, social status, environment status, religious beliefs and personal beliefs were significantly different in two groups ($P=0.01$).

Conclusion: Considering the higher scores of religious beliefs in caregivers of chronic (in contrast to acute) schizophrenic patients and lack of difference in quality of life index, it seems that caregivers of acute schizophrenic patients may also benefit from religious beliefs.

1. Introduction

Studying the quality of life is among the most accepted ways to determine the needs and promote the health levels of under care individuals. The quality of life has been defined as the physical and psychological welfare in such way that the individual or a group of people feels happiness and satisfaction. It also refers to healthiness, economical status, educational opportunities and etc. (Tamizi, 2006). There are also a lot of indexes to assess the quality of life. The best method for evaluating quality of life is to measure the degree to which joy/ happiness of the individual is fulfilled. These are gladness necessities that do not change from person to person and are universal in all cultures. The social- economical conditions of the family, the disease's condition and the severity of the disease, the psychological conditions and

defense mechanism affect quality of life independently or together (Abedi, 1999).

Schizophrenia, is more emphasized among the psychological disorders due to the unpleasant consequences such as committing suicide, getting divorced, and the sever decrease of individual social functioning. Currently, 823 million individuals with psychological disorders exist across the globe (15% of the population of the world). In Iran 10% of hospital's beds belong to mental patients and in modern countries, half of the beds are devoted to mental patients. At the same time, there is a 10% to 23% increase in schizophrenia (Ajamizadeh, 2001). It is believed that the family can play an important role in taking care of acute and chronic psychiatric patients (Galuppi et al., 2010) including schizophrenia. Chronic schizophrenia debilitates the person and causes progressive decline in social relationships and it totally

* Corresponding Author:

Mahdieh Ahmadi, MSc.

Address: Center of Substance Abuse and Dependence, University of Social Welfare & Rehabilitation Sciences, Tehran, Iran.

E-mail: m_ahmadi_405@yahoo.com

affects different areas of the individual's life. As per Goldman's definition "chronic schizophrenia is a stable and crucial mental illness which causes malfunctioning in the functions of the individual and the family in individual health, independence, learning, interpersonal relationships, social interaction, fun and hobby areas" (Saarni et al., 2010).

In systemic approach, family is considered as a general system and the function of each of the family members affects the whole family system. The presence of a psychological disorder can eventually affect the whole system. Simultaneously, it can affect the quality of life dimensions such as the parents-children relationship, relationship with peers, career relationships, personal transition, and environmental structure. If the symptoms of a psychological disorder especially schizophrenia is observed in any of the members, it may cause some disturbances in the total growth process of the family. The existence of an affected person has numerous destructive effects. For example, the peers cannot adopt a specific behavioral routine with that individual and will encounter many problems. It affects social relationships or the relationship of parents with the children. On the other hand, it harms the relationship of parents with each other in a way that they consider the other one at fault and may put the blame on the other person (Caron & Lecomte, 2005).

Studies indicated that the people who take care of severe mental patients suffer from a special kind of stress and experience relatively higher levels of burden and responsibility and receive insufficient aids from health specialists. The influential functioning of the families could be affected by a variety of social and psychological factors including the burden of caring patient, behavioral problems of the schizophrenic patient and deficits in social support (Saunders, 2003; Alejandra, Jos, & Claudia, 2009).

The people who take care of chronic and acute schizophrenic patients experience great deals of pressure in reconciliation with their own symptoms, which may result in social reclusion, losing hope in social supports, insufficient services and eventually losing the patient (Ardeshirzadeh, 2004). In some studies, mental disorders have been reported in 40% of the people who take care of mental patients. Researchers have presented loads, stress, and depression in most areas of functioning in the caregivers as the result of long-term engagement (Rabinowitz, Berardo, Bugarski-Kirola, & Marder, 2013).

Taking into account the existing facilities, beds of the hospitals that have been devoted to treatment of schizo-

phrenia, the number of psychotherapists and other necessary work forces, one can conclude that the society should attend to chronic mental patients by paying attention to possible effects of the disorder on the families and caregivers in addition to treating severe consequences. Considering the fact that raising awareness regarding the quality of life of caregivers is of specific importance, the researchers have embarked on studying the effect of disorder on the quality of life of caregivers.

2. Methods

This research was a pilot analytic study with the aim of "comparing the quality of life indexes in the families of acute and chronic schizophrenia patients in Razi Psychiatric Center in year 2008.

In order to enter the study, the sample must have been able to speak Farsi and be in the age range of 20 -60 years. They must have been the chief caregiver of the patient and should not have been suffering from acute or chronic physical diseases or dependent on drugs or substances and suffering from psychological disorders. The time that the caregivers of the acute group started care giving should not have exceeded 3 months. Based on a simple random sampling and considering the inclusion criteria in groups of the caregivers of acute and chronic schizophrenia patients, the final sample was selected from six acute and six chronic wards of Razi Psychiatric Center. Taking into account the type 1 error (0/10) and the test power of 0.80, the size of each group was included at least 30 patients. Therefore, 60 individuals who had the conditions to enter the study were selected as the final group.

There were two questionnaires for collecting data

Demographic data questionnaire contained a checklist of indexes as age, gender, income, type of insurance, career condition, marital status, housing condition, guardianship status, the number of the members of the family, education level, total hospitalization times, the number of hospitalizations in the last year, economical condition, the presence of another patient in the family of the caregiver, drug consumption, visiting a counselor or a doctor in the last 6 months.

The Quality Of life Questionnaire-100 (WHO-QOL-100) is a structured instrument and emphasizes the understanding of the subjects' opinions about their own health. It measures physical health, psychological health, independence conditions, social relationships, religion and environmental conditions. It also includes

6 major areas of quality of life and 24 minor sections with each section having 4 questions. This questionnaire contains 96 questions overall. In addition, 4 questions are posed for the purposes of measuring health and life quality. All questions are graded in a 5-degree scale (from nothing to very much). This questionnaire has been utilized widely. Mirza Hoseini and colleagues (2004) have reported that the reliability coefficients of all indexes were higher than 82%.

The research was started after receiving official permission from University of Social Welfare and Rehabilitation Sciences and arranging with the manager of Razi Psychiatric Center. The questionnaires were distributed among the families of schizophrenic patients. The caregivers were then reassured of the confidentiality of the information related to the samples of the study.

The data was analyzed by SPSS (version 12) software and through Kolmogorov-Smirnov, Leven, Independent Samples T-software and Mann-Whitney test at 0.05 level of significance.

3. Results

The two groups of caretakers were homogeneous in terms of the average of age, gender, the number of the family members, education level, career status, insurance, economical, accommodation, guardianship condition, the presence of another ill member, educational courses condition, drug consumption, and visiting the counselor or doctor ($P > 0.05$). Regarding the variable of marital status, the duration of the disease, housing condition, and the hospitalization times, a difference was observed between the means which was not significant ($P > 0.05$).

The results showed that the caregivers of schizophrenic patients, who were not parents, had a relatively better life quality than parent caregivers. The major findings was that among the variables of overall quality, physical health, psychological condition, independence condition, social status, environmental condition, religious and beliefs conditions and personal beliefs, only the personal beliefs' mean were significantly different in the two groups of caregivers ($P = 0.01$).

4. Discussion

The mean scores of the environment factors in the caregivers of acute schizophrenic patients was the highest score among the aspects of quality of life while the mean score of overall quality of life was the lowest score of the caregivers of acute schizophrenic patients.

It seems that the caregivers of the acute schizophrenic patient are in better financial condition, freedom, safety, and access to medical services (the indexes of environment condition). Janna Sanders (2003) has stated that, the caregivers of acute mental patients who receive insufficient aids from the mental health specialists may suffer from decreased quality of life as it is indicated in the present study.

The mean score of environment in the caregivers of chronic schizophrenic patients was the highest score and the mean score of the overall quality is the lowest score among the aspects of quality of life. Canam and his colleague (1999) found that the caregivers experience load, stress and depression in most of the life aspects and these stresses results in the lowering of life quality level in long term.

The results of our research indicated that the non-parent caregivers of schizophrenic patient has a relatively better life quality than the parent caregivers of schizophrenic patient. Iranpour (2000) indicated that the parents of schizophrenic patients suffer psychological side effects (anxiety, depression) relatively more than healthy parents.

The results of the present study indicated that the mean score of overall quality and its 6 scores including physical health, psychological conditions, independence condition, social status, environmental conditions in the two groups of caregivers of acute and chronic schizophrenic patients were equal except for personal beliefs. In other word only personal beliefs were significantly different in the two groups of caregivers of acute and chronic ($P = 0.01$).

The mean score of personal beliefs in the group of caregivers of chronic schizophrenic patients was higher than the mean score of the personal beliefs in the group of caregivers of acute schizophrenic patients. It seems that, the caregivers of the acute schizophrenic patients are in more critical situations than the caregivers of the chronic schizophrenic patients and they only get help from carrying out religious rites when they became frustrated.

Afzalan (2001) indicated that the presence of psychological disorder affects the physical health, career relationships, artistic innovative behaviors, family relationships, the relationship of parents and children, environmental financial welfare of the family (the aspects of quality of life) which a little supported the results.

It is important to consider that the six aspects of quality of life (physical health, psychological condition, environment, independence and social status) had no significant difference except for personal beliefs. It means that only the mean score of personal beliefs of the caregivers of chronic schizophrenic patients was higher than the mean score of personal beliefs in caregivers of acute schizophrenic patients.

Finally, the results of studying the quality of life in the caregivers can be used to evaluate the humane and financial costs caused by schizophrenia, the effects of the new programs and measures, psychophysical changes, and social functioning conditions of the caregivers. The results of the present study can shift the attention of the authorities to some vital needs of the family of the mental patients and prevent unpleasant consequences of the disorder on other members.

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