

Life Satisfaction among Primary Caregivers of Patients with Schizophrenia and Obsessive Compulsive Disorders

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ABSTRACT

Mental disorders became major challenges and public health problem in resent era. The prevalence of mental disorders is kept on rising globally. Schizophrenia is a complex disorder of brain function with broad variation in symptoms and signs, and in the course of the illness, The main objective of present study was to compare the level of life-satisfaction among primary caregivers of schizophrenia and obsessive compulsive disorders. For this purpose investigator has selected sample of 120 primary caregivers of schizophrenia and obsessive compulsive disorders. Life-satisfaction dimensions were measured through Life Satisfaction Scale developed and standardize by Dr. Pramod Kumar and Dr. Jayshree Dhyani. Findings of present research reported that primary caregivers of obsessive compulsive disorders have higher level of mental, social, job and marital satisfaction as compared to caregivers of schizophrenia. Whereas, both the groups of caregivers have more or less equal family satisfaction

Keywords: *Life-satisfaction, Schizophrenia, Obsessive- compulsive disorder, Primary caregivers*

Mental disorders became major challenges and public health problem in the resent era. The prevalence of mental disorders is kept on rising globally. Change in psychiatric care concept such as deinstitutionalization and shifting the community care aspect enforces the need of role of family members to take over the care of a patient with mental disorders. In India, patient with mental disorders receives transient care at hospital and discharge for community care augments the role of caregivers inpatient' care (*Kaushik P. Bhatia MS., 2013*). On the other hand, lacks formal home rehabilitation in India also push the role of active involvement of caregivers in care of patient at home (*Kate N, at el. 2013*).

Schizophrenia is a complex disorder of brain function with broad variation in symptoms and signs, and in the course of the illness. The schizophrenia has been described as a disturbance involving the most basic functions that give the normal person a feeling of individuality, uniqueness and self-direction' (*World Health Organization, 1992*).

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The deficits in psychological, neurological and social functioning that appear in the various syndromes of schizophrenia appear to have a number of genetic and environmental causes. Schizophrenia is the most common and most important disorder within a spectrum of clinically similar (and possibly genetically related) conditions, which include schizoaffective disorder, schizotypal disorder and acute transient psychotic disorders (*Jablensky, 2006*).

The word 'schizophrenia' includes a range of clinical appearances and personal experiences that result from complex interactions between genes and the environment and were influenced by the individual's reaction to their experience of the disorder. Task of Caregiver is a demanding and difficult that may have a negative impact on Life satisfaction of a caregiver. It has been revealed that chronic caregiving become a burden for caregivers and leads psychosocial distress and compromised quality of life in a caregiver.

A study by *Vasudeva et al. (2013)* has concluded higher levels of burden in caregivers of schizophrenic patients as compared to those of bipolar disorder patients, especially in terms of external support, caregiver routine and relationship with other family members and friends. *Gutierrez-Maldonado et al. (2005)*, found high levels of burden associated with factors like less education and young age of the schizophrenic patient.

Similarly, *Juvang et al. (2007)*, in a study conducted in China concluded that the age of the caregivers was positively correlated to their burden whereas the education level exhibited a negative correlation. *Grandon et al. (2008)*, conducted a study in Chile and concluded that the burden on the caregivers was based on the clinical profile of the patient, personality of the caregivers and from the various forms of social support to the family.

WHO defined the quality of life in terms of a persons' own perception of his/her life in his culture and customs. However, this definition has gone multiple revision and edition and many changes over a period of time and included concepts of social, clinical and functional life in it. Quality of life also consist concepts of satisfaction to particular domain of life or to life as unit.

Statement of Problem:

The exact problem of the present study is ***“Life Satisfaction among Primary Caregivers of Patients with Schizophrenia and Obsessive Compulsive Disorders”***

Conceptual Clarifications:

Variables used in the present study were defined below in separate captions.

- **Life satisfaction:** Life satisfaction is an empirically valid construct that has been defined as a subjective measure that an individual can identify when their needs or desires are being successfully fulfilled (*Frisch, 2006*)
- **Schizophrenia:** Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.
- **OCD:** Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviours (*compulsions*) that he or she feels the urge to repeat over and over.

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The significance of the problem:

In India, caregiving is an obligation to respect his/her family members when they fall sick or ill. Family members automatically take the role of caregiver and unite to provide best possible care. Still, a transient caregiving assignment may not have any significant impacts on health of caregivers, but chronic and long-lasting caregiving charge may have adverse impacts on health of a caregiver.

Objectives:

For the present research work following objectives were formulated.

- (i) To Know the level of life satisfaction among caregivers of persons suffering from schizophrenia and obsessive compulsive disorders.
- (ii) To compare the life satisfaction dimensions between caregivers of schizophrenia and obsessive compulsive disorders.

Hypotheses:

- (H₀₁) There is no significant difference in the scores of primary caregivers of the person suffering from schizophrenia and obsessive compulsive disorder with reference to mental satisfaction.
- (H₀₂) There is no significant difference in the scores of primary caregivers of person suffering from schizophrenia and obsessive compulsive disorder with reference to job satisfaction.
- (H₀₃) There is no significant difference in the scores of primary caregivers of person suffering from schizophrenia and obsessive compulsive disorder with reference to social satisfaction.
- (H₀₄) There is no significant difference in the scores of primary caregivers of person suffering from schizophrenia and obsessive compulsive disorder with reference to marital satisfaction.
- (H₀₅) There is no significant difference in the scores of primary caregivers of person suffering from schizophrenia and obsessive compulsive disorder with reference to family satisfaction.

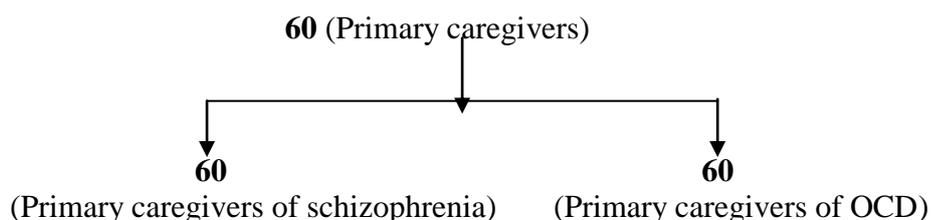
Research Design:

The present study was not possible experimentally because of nature of the research work. The investigator adopted the quantitative descriptive research design to achieve the objective of the study. It was a survey quantitative research in which the event has already occurred and the effects of the variables were studied by qualitative analysis.

Sample:

Incidental purposive sampling technique was used in the present study a sample of 120 caregivers of patients with schizophrenia and OCD was selected, age range between 35-50 years for all subjects with a mean of 41.90 and SD of 7.56. Further, they were classified into two groups according to screening results i.e. primary caregivers of schizophrenic patients (60) and primary caregivers of obsessive compulsive disorders patients (60) The categorization and detail of sample selection is as under:

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Tools:

For the present research work, the following psychological test was selected.

Life Satisfaction Scale: The Life Satisfaction Scale developed and standardized by Dr. Pramod Kumar and Dr. Jayshree Dhyani. The Life Satisfaction Scale (LSS) is developed with a view to providing a handy tool for identifying persons having low satisfaction in life, and who may require psycho-diagnostic help. The Life Satisfaction Scale (LSS) in its final form consists of 54 highly discriminating items – 45 positively worded and 9 negatively worded. These items are presented in a 3-Point rating.

Reliability: The split-half reliability, correlating odd-even items, applying the Spearman-Brown formula for doubling the test length was found to be .68.

Validity: The face validity of the scale appeared to be fairly high as the items were prepared following intensive interviews of 50 married Ss regarding their concept of total life satisfaction. The content validity was adequately assured as only those items were selected for the initial scale for which there was 100% agreement amongst the judges.

Procedure:

The investigator had screened these 120 primary caregivers of schizophrenic patients and primary caregivers of obsessive compulsive disorders patients with the help of doctors and experts advice. They were placed into two groups as per the screening result. The first group was primary caregivers of schizophrenic patients and the second group was a primary caregiver of obsessive compulsive disorders patients. Then researcher had explained the importance of research work and collected the data after ensuring the confidentiality of them. Participants in both the groups of caregivers of schizophrenic as well as the OCD were administered for dimensions of life-satisfaction. Each subject was provided a questionnaire of life-satisfaction. All were requested to read all statements one after the other and give their responses in the response column by choosing appropriate responses for each statement, which they felt correct and appropriate.

Scoring:

For the present research work, scoring of the obtained data was done with the help of respective manual available for the life-satisfaction scale. The data have been arranged in the respective tables according to the statistical test applied.

Statistical Analysis:

In the present study to find out the significant mean difference between both the groups of caregivers scores one way ANOVA, Mean and SD were employed.

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RESULTS & INTERPRETATION:

Table 1:- Showing Mean, SD and F values between primary caregivers of patient suffering schizophrenia and obsessive compulsive disorder for various dimensions of Life satisfaction.

Measures	Groups	N	Mean	SD	F Value
<i>Mental Satisfaction</i>	Caregivers of schizophrenia	60	21.40	4.72	10.62 $p<.01$
	Caregivers of OCD	60	23.88	3.53	
<i>Job-Satisfaction</i>	Caregivers of schizophrenia	60	17.66	3.74	71.59 $p<.01$
	Caregivers of OCD	60	23.31	3.06	
<i>Social Satisfaction</i>	Caregivers of schizophrenia	60	18.90	3.88	91.25 $p<.01$
	Caregivers of OCD	60	27.46	2.81	
<i>Marital Satisfaction</i>	Caregivers of schizophrenia	60	16.86	3.89	13.48 $p<.01$
	Caregivers of OCD	60	20.21	5.89	
<i>Family Satisfaction</i>	Caregivers of schizophrenia	60	10.21	2.21	3.08 <i>NS</i>
	Caregivers of OCD	60	11.86	1.58	

It was evident from Table 1.1 that significant difference was reported between scores of primary caregivers of schizophrenia and OCD on life-satisfaction dimension mental satisfaction ($F = 10.62, p<.01$). The mean scores of primary caregivers of schizophrenia and OCD were 21.40 ($SD=4.72$) and 23.88 ($SD=3.53$) respectively. On the basis of this significant difference, one can say conclusively that primary caregivers of schizophrenia have less mental satisfaction than the primary caregivers of OCD. Thus, $H0_1$ was strongly rejected.

An analysis of table 1.2 displayed that the two groups under study i.e. caregivers of schizophrenia and obsessive compulsive disorder differ significantly on job-satisfaction. The significant mean difference was to be revealed for the life-satisfaction dimension job-satisfaction between caregivers of schizophrenia and obsessive compulsive disorder ($F=71.59, p<.01$). Primary caregivers of OCD scored higher mean ($M=23.31, SD=3.06$) than caregivers of schizophrenic people ($M=17.66, SD=3.74$). It may be said that primary caregivers of OCD have higher job-satisfaction as compared to primary caregivers of schizophrenia. Therefore, $H0_2$ was strongly refused.

It can be observed from Table 1.3 that significant F ratio was highlighted between scores of primary caregivers of schizophrenia and OCD on life-satisfaction trait social satisfaction ($F = 91.25, p<.01$). The mean values of primary caregivers of schizophrenia and OCD were reported 18.90 ($SD=3.88$) and 27.46 ($SD=2.81$) respectively. This significant difference indicated that primary caregivers of schizophrenia have lower social satisfaction than the primary caregivers of OCD. Thus, $H0_3$ was strongly discarded.

Findings of table 1.4 were based on scores of primary caregivers of schizophrenia and OCD on life-satisfaction factor marital satisfaction in which caregivers of individuals with schizophrenia scored a mean of 16.86 ($SD= 3.89$) and for caregivers of individuals with OCD mean was 20.21 ($SD= 5.89$). Thus, it showed that there is a significant difference between both the groups of caregivers. The calculated F value was obtained significant ($F=13.48, p<.01$) which states that the caregivers of OCD have higher marital satisfaction than the caregivers of schizophrenia. Hence, $H0_4$ was also strongly rejected.

Table 1.5 highlighted that insignificant F ratio was observed between scores of primary caregivers of schizophrenia and OCD on life-satisfaction trait family satisfaction ($F = 3.08, p>.05$). The mean values of primary caregivers of schizophrenia and OCD were reported

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10.21 (SD=2.21) and 11.86 (SD=2.58) respectively. This insignificant difference displayed that both the groups of primary caregivers have by and large similar family satisfaction. Thus, H_0 was strongly accepted.

Above findings might be interpreted in terms of caregiving of mental illness is an important public health issue. Caregivers of patients with schizophrenia are under the burden of continuous and difficult processes. Schizophrenia is a mental disorder where the caregivers are likely to face increasing levels of burden and stress than obsessive compulsive disorders.

CONCLUSION:

This study was intended to identify factors associated with whether primary caregivers of patients with schizophrenia and obsessive compulsive disorders were satisfied or dissatisfied with the situation in general. Therefore, the present investigation was planned to conduct on primary caregivers of persons suffering from schizophrenia and obsessive compulsive disorders. Findings indicated that primary caregivers of obsessive compulsive disorder were more satisfied in terms of dimensions of life –satisfaction. Caregivers want information about the illness and its treatment, and they want to know what they can do to help their sick family member. Second, the burden on the caregivers of schizophrenic people can be alleviated with long term rehabilitation and care to help patients gain as high a functional state as possible.

RECOMMENDATIONS:

The findings of the present study suggested that policy makers of health sector should take early and necessary steps to develop a structured home based programme and devise policy to execute at community level for better rehabilitation of persons suffering with mental illness in order to improve the life satisfaction and quality of life of caregivers. Furthermore, it indicates health care professionals to observe caregivers for any psychosocial or emotional problems, and suggest right interventions timely.

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Conflict of Interest

The author declared no conflict of interests.

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