

QUALITY OF LIFE AMONG CARE TAKERS OF MENTALLY ILL PATIENT'S IN MEERUT, INDIA

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Abstract: Background: The World Health Organization defines quality of life as 'the individual perception of a human being's position about life, cultural background, considering his value in relation to his objectives, goals, and standards. **Method:** A survey research study was conducted to find out the quality of life among the care takers of mental ill patients on the base of 4 domains: physical health, psychological health, social relationships, and environment. WHOQOL Bref rating scale was used for collecting data from 60 samples with Non probability convenience sampling technique. **Result:** Samples were from different demographical setups. In this study we found that the quality of life among, 31(52%) were satisfied in their life, and rest of 29 (48%) having delighted. **Conclusion:** Today, many health care providers watch for signs of caregiver distress during the course of the patient's treatment. When caregiver strain affects the quality of caregiving, the patient's well-being is also affected.

Key Words: Quality of life, Physical health, Psychological health, Social relationships, Environment.

1. INTRODUCTION:

The term quality of life (QOL) references the general well-being of individuals and societies. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging. The nine quality-of-life factors, and the indicators used to represent Determinants of quality of life are Health, Family life, Community life, well-being, Political stability and security, Climate and geography, Job security, Political freedom, Gender equality.¹

The family constitutes a major support system in the continuing care of the mentally ill in community. Although many families show a strong resilience in caring for an ill relative, their share of physical and emotional distress cannot be ignored. The emotional impact of any psychiatric disorder on family or primary caregivers can vary from frustration, anxiety, fear, depression and guilt to grief. Because care giving is such an emotionally draining experience, caregivers have high rates of depression when compared to the general population.²

In Indian setup, family care givers are regarded as the backbone of the health care system. Mostly the primary car gives are patient spouses, parent's closest relatives and are long periods ranging from months to years.

Family caregivers play a major role in providing care giving assistance to ill persons and their families. The effect of stressors on family members caring for an ill person in the family has been referred to as caregiver's burden.³ A caregiver often neglects his or her own quality of life by putting the patient's needs first. Today, many health care providers watch for signs of caregiver distress during the course of the patient's treatment. When caregiver strain affects the quality of caregiving, the patient's well-being is also affected.

2. METHOD:

WHOQOL Bref rating scale was used for collecting data from 60 samples with Non probability convenience sampling technique. The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains of health: physical health, psychological health, social relationships, and environment. WHOQOL-BREF is the short version of the WHOQOL 100. A self-report questionnaire that contains 26 items and addresses 4 QOL domains: physical health (7 items), psychological health (6 items), social relationships (3 items) and environment (8 items). Two other items measure overall QOL and general health.⁶

Descriptive survey method was used to collect data from care takers of different types of mentally ill patients those who are staying with the patient. Male and female care takers whose age is less than 18 years were excluded from the study. Non probability convenience sampling technique was adopted for data collection.

3. RESULT:

The objective of the survey was to find out the quality of life of care takers of mentally ill persons with the broad domains of health: physical health, psychological health, social relationships, and environment. Samples are from different demographic setup, details have given below.

Description of demographic data (Table 1)

Frequency and percentage distribution of people as per the demographic variables

N=60		
Demographic variables	Frequency (f)	Percentage (%)
Age in year		
18-25 years	18	30%
26-33 years	14	23%
34-41 years	18	30%
42 and above	10	17%
Gender		
Male	23	38%
Female	37	62%
Religion		
Hindu	39	65%
Muslim	16	27%
Others	5	8%
Marital Status		
Married	39	65%
Unmarried	17	28%
Widow	2	4%
Divorced	2	4%
Qualification		
No formal education	8	13%
Intermediate	19	32%
High school	19	32%
Graduation & above	14	23%
Occupation		
Government employee	6	10%
Private employee	20	33%
Self-business	8	13%
Unemployed	26	43%
Income		
Below 5000	18	30%
5001-7500	25	42%
7501-10,000	11	18%
Above 10,001	6	10%
Physical / Mental health		
Healthy	21	35%
Unhealthy	39	65%
Sources of information		
Mass media	17	28%
Previous experience	9	15%
Relative & friends	19	32%
Health care personals	15	25%

Data presented in table 1 show that the majority of care givers are in the age group of 18- 25 years and 34 – 41 years i.e. 18 (30%) in each. Among the samples 23 (38%) were males and 37(62%) were females. Whereas 39 (65%) were Hindus and 16 (26%) were Muslims. 39(65%) of the samples were married. Majority of the samples were educated but 26(43%) among them were unemployed and 20(33%) were working in public sectors. 25(42%) of the samples were earning around 5001-7500. And majority of them 43(72%) have their own house.39 (65%) of the samples were having minor health problems. All the samples have the knowledge about mental illness from different sources i.e. 19(32%) from relatives and friends, 17(28%) from mass media and 15(25%) from health care personals.

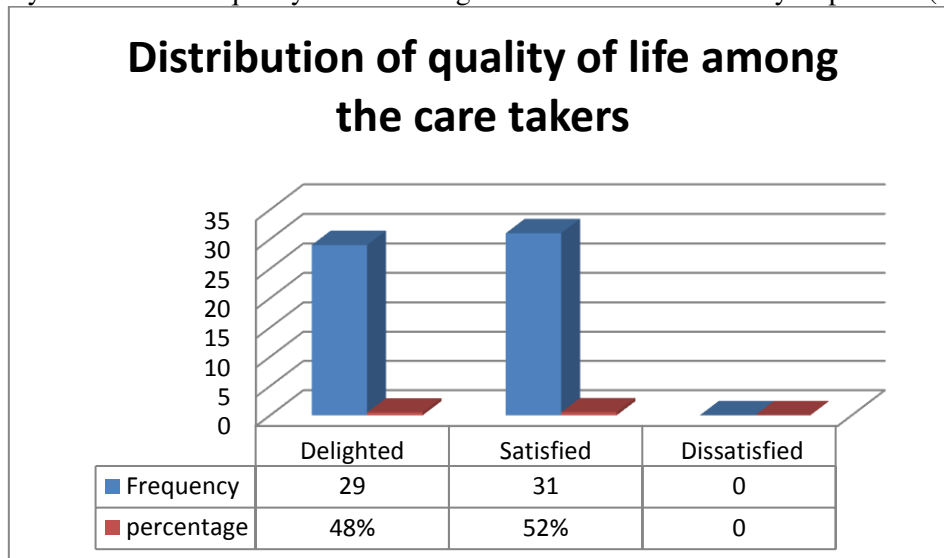
4. Findings related to quality of life among the care takers of mentally ill patients (Table 2)

Table 2 describes the quality of life among total samples of 60 care takers of mentally ill patients, we found that 31(52%) were satisfied in their life, and rest of 29 (48%) having delighted in their life based on 4 domains: physical health, psychological health, social relationships, and environment.

Levels of Quality of life	Frequency	percentage
Delighted	29	48%
Satisfied	31	52%

Dissatisfied	--	--
Total	60	100

Frequency distribution of quality of life among the care takers of mentally ill patients (Figure 1)



5. DISCUSSION:

Quality of life among care takers refers to the satisfaction with the cultural or intellectual conditions under which a person lives. A care giver is defined as a relative, friends or neighbors who is receiving care is the care recipient, defined as a person who lives with some form chronic condition that causes difficulties in completing the task of daily.

Assessment of quality of life was done on the basis of 4 domains (physical health, psychological health, social relationship, environmental factors). A total of 20 have given for each domain and higher scores in each domain are indicating high level of quality of life among the care takers of mentally ill patients. Among total samples of 60 care takers of mentally ill patients, 31(52%) were satisfied in their life, and rest of 29 (48%) having delighted life. and none of the samples having dissatisfied life.

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