

The Relations between Burden and Resourcefulness with Life Quality of Severe Mental Illness Caregiver

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Abstract

Background: The patient of severe mental illness can not running their daily life independently, they have limitation in activity, having disorder behavior and needs help in almost every activity of their life, so they need caregiver. Caregiver needs to balancing between work, family and nursing the patient, till they abandon themselves and having stress, anxiety and also pressure which affected to their life by reducing their life quality. The reducing of life quality of the caregiver is affected by several factor like burden and resourcefulness. **Purpose:** To see the relation between burden and resourcefulness with life quality of the caregiver. **Method:** This research is correlative analytic with 184 caregiver as respondent. Using Accidental Sampling Technique. This research was conducted on March to October 2015. The data collecting was taken by using questioner. **Results:** The result of this research shows that there is a meaningful relation between burden and resourcefulness with life quality of severe mental illness caregiver ($p < 0.05$), and the most dominant factor that affected their life quality is their education level. **Conclusion:** The result of this research is expected to be an input for the caregiver and the institution on behalf to maintain the life quality of the caregiver and also give the caregiver education about health in a form of psychoeducation, counseling, improving group support, family support, and spiritual support for improving the life quality of caregiver.

Keyword: Burden, , Life quality caregiver, Resourcefulness, Severe mental illness

INTRODUCTION

Mental health is a condition of mental wellbeing, where every people understand their self potential, benefited and can make a contribution for their environment [1]. According to Townsend, Mental illness is a maladaptive response to stressors associated with feelings, behaviors and affect individual social interactions, and body functions [2] or psychology pattern that shown by someone which caused pain, disturbing their function and reducing their life quality [3]. Mental illness according to PPDGJ III are divided into 2 group, moderate mental illness and severe mental illness. Severe mental illness can be found on every level of society, education, economy and race in all over the world [4].

According to WHO data release, severe mental illness patient has reach the incredible number, with more than 24 million people suffer from severe mental illness [5]. The number of severe mental illness patient is like iceberg fenomena, were we only sees the top of it, but on the bottom, there's alot of thing yet to be known. Depkes says that the severe mental illness prevalence is about 0.46% which means more than 1 million of Indonesia citizen [6]. Riskesdas tells that nationally, every 1.7 per mile Indonesia citizen suffer from severe mental illness, or on absolute number there are 400.000 people in Indonesia suffer from severe mental illness. In West Sumatera, in every 1.9 per mile West Sumatera people suffer from severe mental illness. This condition means from 1000 people there are one or two people that suffer from mental illness [7].

The patient of severe mental illness can not running their daily life independently, they have limitation in activity, having disorder behavior and needs help in almost every activity of their life, so they need caregiver. Caregiver is the family member of the patient who helps them to running their role on daily life [8]. Caregivers were struggling to balancing their life, work, family, and nursing the patient, till most of the time they careless about their own body and soul health. In a situation where the caregiver lacks of personal resources like money, and emotion many caregiver having serious stress, depression, and anxiety [9]. The stress, anxiety and emotional factor that apply during nursing the patient affected to the caregiver life.

According to Urizar, Quality of life is subjective perspective that is held by patient and family [10]. Life quality that defined by the World Health Organization is a condition based on individual perception about life based on the cultural and value system where they lived, and also based on relation to their life purpose, hope, standard and interest [11]. This definition was a broad concept, which compiled physical health of somebody with psychological status, independency level, social relation, personal belief, and the relationship with the environment.

The life quality research to caregiver of severe mental illness patient is very important. Many instruments that have been used to measure the life quality, SF36 is one of them. SF 36 is the most common measurement instruments that have been used in clinical test, to evaluate the value of health quality related to life. SF 36 was design too measure health status on medical study result, for clinical practice and research necessity, health policy and general survey [12].

The life quality of caregiver was affected by many different factors. Some of them are burden, resourcefulness, family support, social support and

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sociodemografi. According to Foldemo, the low life quality of caregiver always connected to the weight of the burden that feels by the caregiver. The reducing of life quality of caregiver related to burden that they've feel, related to lack of social support, the illness growth and problems in family relation. Beside the burden that the caregiver feels, caregiver resourcefulness also needed while they nursing the severe mental illness patient [13]. Zauszniewski says that resourcefulness has been prove can increase health and function to the better [14].

According to data obtained from Prof. Dr. HB. Saanin, a mental hospital of Padang, the number of outpatient visits from year to year has increased. The number of outpatient visits in 2012 was 24.575, which increased by about 9% in 2013, as well as a further 10% increased in 2014 of 26.970 as many as 17.881 people visited mental department [15].

Initial study on April 5, 2015 at Mental Department, researcher interviewed 10 caregivers, 60% of caregivers said their time was spent on taking care of family with severe mental illness and attention to other family members was reduced, 60% of caregivers said they were worried about physical health and the future of a family with severe mental illness. 70% of caregivers say by changing the way thought can change feelings for almost anything. 60% of caregivers say when feeling sad, confused, angry and difficult to make a decision always ask for opinions or help from others. 40% of caregivers said feeling slightly pain in the body and greatly affect the activity. 50% of caregivers feel tired, helpless, sad and hopeless.

METHODS

This research is quantitative research, using analytical correlative design with cross sectional approach with 184 caregivers as respondent. The technique for taking the sampling is

accidental sampling. Data collecting was doing by using questioners and conducted interview. Inclusion criteria on this research are: have been nursing ≥ 1 year, have been nursing for patient with severe mental illness diagnose, able to

communicate well, good hearing function, and willing to be a respondent. The inclusion criteria on this research are: nursing more than 1 severe mental illness patient [16. 17].

RESULTS

The Result of the study include relations between burden and resourcefulness with life quality of severe mental illness

caregiver and the most dominant factor which affected life quality of severe mental illness caregiver.

TABLE 1
ANALYSIS OF RELATION BETWEEN BURDEN WITH LIFE QUALITY OF CAREGIVER

Indepen dent Variable	Dependent Variable	r	R2	P value
Burden	Life Quality	-0.660	0.435	0.000

Table 1 show that these results indicate that there is significant relation between burden and life quality of severe mental illness caregiver with strength of relation is strong and in opposite direction (pvalue = 0.000, r = -0.606). It means that declining

burden of caregiver will be followed by improved quality of life. Determination coefficient point is 0.435, means the caregiver burden can affected the life quality variable for 43% and the rest are affected by other variable.

TABLE 2
ANALYSIS OF RELATION BETWEEN RESOURCEFULNESS WITH LIFE QUALITY OF CAREGIVER

Independent Variable	Dependent Variable	r	R2	P value
Resource fulness	Life Quality	0.447	0.199	0.000

Table 2 show that there is significant relation between resourcefulness and life quality of severe mental illness caregiver with the strength of the relation are medium and the direction are not contradictive, its means getting higher the

caregiver resourcefulness it will followed by the increasing of life quality. Determination coefficient point is 0.199 means caregiver resourcefulness can affected life quality variable in 19,9% and the rest will affected by others.

TABLE 3
ANALYSIS OF THE MOST RELATED FACTORS WITH LIVE QUALITY OF CAREGIVER

Variable	B	SE	P value
Age	-0.514	-0.515	0.000
Level of Education	1.061	1.003	0.04

Burden	-0.164	-0.154	0.000
Resourcefulness	0.220	0.229	0.000

Table 3 show that coefficient B point on the variable of education level is highest (1.061), so the education level is the most dominant factor which affected life quality of severe mental illness patient caregiver

DISCUSSION

Burden really effected the life quality of the caregiver to negative directions, means getting lower the burden, it will followed by getting increase the life quality, and in the contrary, getting increase the life burden, the life quality of caregiver will decreased. The caregiver burden were consist of objective burden such as financial burden, the obstacle to caregiver activity, interruption to family life, discrimination as family with mental illness patient, and physical health issues. The subjective burden including on emotional stress, such as worried, anxiety, sad, frustration, hopeless, apprehensive, feeling lost and guilty feeling [18.19]. This statement fits with the result research of Biegel that says, there are 2 burden that the caregiver feels, first subjective burden such as worry, concerns and displeasure, and objective burden that impact directly feels by the caregiver [20].

The average point for caregiver burden is 46.39, means 43.76% caregiver burden are in low category. The result of this study is not much different from the results of Zauszniewski's research, showed that there was significant relation between burden and quality of life of caregiver with strong relation (-0.73) but in opposite direction (negative) where increasing caregiver burden during nursing will be followed by decreasing quality of life [16].

Caregiver burden always refers to the consequences of those who are always in contact with people who have severe psychiatric problems. Burden of this study, in low category, is reinforced by

followed by resourcefulness, burden and age. It can be concluded that the education level of caregiver influences life quality of severe mental illness caregiver

sociodemographic data such as age, sex, ethnicity, employment status, educational level and relationship with the patient. In addition, questionnaire statement also states that in "providing support and care to (the name of family members) is a very heavy burden that I cannot afford to bear", where almost half caregiver (42.93%) say disagree and strongly disagree as it is their responsibility.

Foldemo say that the quality of life has a negative impact on patient parent with schizophrenia. The heaviest burden experienced by parents is associated with the loss of the child's identity and loss of potensial in children, Thus causing a loss of hope and ambition for the child's future [13]. The results of this study are in line with Grover, says that higher objective burden values are associated with significantly lower quality of life related to the practical problems experienced by the family such as family relationship disorder, constraints in social, recreational financial difficulties and the negative impact of physical health. The subjective burden of the caregiver has a higher value associated with a lower quality of life. This subjective burden describes the psychological reaction of family members (Eg, feelings of loss, depression, anxiety , etc) [21].

The average point for resourcefulness is 98.59, means 70.42% resourcefulness of caregiver is high. This research was fit with Zauszniewski research result that says caregiver of severe mental illness patient resourcefulness were in high category 63.87%. The analysis result shows that there is significant relation between resourcefulness and

quality of life. It is found that the value of r for quality of life is 0.95. This means that increased resourcefulness of caregiver will be followed by the improvement of quality of life [16]

Resourcefulness is a collection of cognitive / behavioral skills that allow individuals to maintain a degree of independence in everyday tasks despite of adverse situations and get help from others when it cannot function independently [22]. The theory of "Middle Range" resourcefulness is based on the conceptualization of two forms of thinking ability: personal resourcefulness or self-help and social resourcefulness or seeking help [14] that affects quality of life and develop operational perceptions on physical and mental health further [16].

This also supported by Rossworn research which says that personal resourcefulness and social resourcefulness are important to promote health [23] and to increased the function on daily life activity [24]. There are several items that state personal resourcefulness such as: rewards, systematic solutions, positive thinking, anger management, relaxation etc., while items for social resourcefulness include expressing feelings to others, asking for opinions and help from others, etc [14].

High caregiver resourcefulness is supported by sociodemographic characteristics such as age, education level and duration of nursing. Also reinforced by questionnaire statement: "By changing my way of thinking, I often can change my feelings toward almost everything", where more than half (54.89%) of caregivers responded very similar with me.

Resourcefulness only explains 24% variable quality of life. While Zauszniewski's research has a higher value of 90%, meaning researchers see there relevance of caregiver education level [16]. In the results of this study, caregiver more than half of high education (59.23%), where 16.8% is a college graduate,

compared with Zauszniewski's research of mostly caregivers (50%) being college graduates.

The education level is the most dominant factor which affected life quality of severe mental illness patient caregiver. According to Winahyu research about the relation of gender, education level, profesional status with life quality, it shows that education level is the strongest factor that related to life quality, among other factors [17]. This result also consistent with the previous research [25. 26]. This research says that highest education level can make caregiver understand more and know more about their role on nursing the patient with severe mental illness. In line with research conducted by Wahl, he found that quality of life would increase along with higher levels of education obtained by individuals [27]. Barbareschi said that education level is one of the factors that can affect the quality of life [28].

CONCLUSION

Based on research, we can conclude that there is a relation between burden and resourcefulness with life quality of caregiver of severe mental illness patient. The most dominant factor that affected their life quality is education level. We suggested for the caregiver to receive health education, counseling, support group, social support and spirituality improvement, and also receive psycho education for caregiver.

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