

PERSONALITY PROFILE CORRELATES THE QUALITY OF LIFE OF THE CARE GIVERS OF THE PERSONS WITH MENTAL DISABILITIES

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Introduction

The consequences of care-giving for mentally ill persons have been associated with burden reflected in physical and psychological ill health. (For Example: Steele A, Nancy M, Galynker I. (2009), Ogilvie AD, Morant N, Goodwin GM. (2005), Jose S. (2000), Baronet AM. (1999), Loukissa D.A. (1995)). There are nearly 900 million people in the world who are diagnosed as having had a psychiatric illness in their life time. (WHO-2015). Among these disorders, schizophrenia and affective disorders comprise 55% of hospital admissions and 65% of inpatient care. The World Health Organization (2015) statistics also indicate that more than 25 percent of population is affected by some sort of psychiatric disorders world-wide. This also implies that globally one family in every four is involved in care-giving for psychiatric illness. Families of mentally ill relatives have reported personality problems, psychiatric distress, and adjustment problems, depression (mediated by stigma and patient's suicidality), anxiety and psychotic symptoms as a result of care-giving responsibilities (Chessick CA, (2007), Perlick DA, (2005)). Care-giving also exacts a heavy toll on the relationship with family and friends, their social life and also leisure activities. (Singleton N 2002). Couples of bipolar disorders expressed marital, parenting and interpersonal problems, (Heru A, Ryan CE. 2002), impairment in family functioning and lack of cooperation (Bauwens F, 1991).

Caregiver's experiences with professionals in the mental health system are often 'frustrating and double-binding' (Lefley HP. 1996). Caregivers are not only subjected to physical and verbal abuse, (Ostman M, 2000), resulting in visits to physicians and health facilities, (Van Wijngaarden B, 2004), Gallagher SK, (1996)). But their general physical health is also affected, making them vulnerable to illnesses (Dyck, D, 1999).

Deinstitutionalization has led to families taking care of their mentally ill relatives, for which they were unprepared

and untrained resulting in poor Quality of Life, and a sense of 'burden' among them. Unlike the western countries, in India deinstitutionalization was not the harbinger for family care-giving, but economic and kinship obligation compensating the modest mental health infrastructure led to the involvement of caregivers in India.

Care givers in India, therefore, face significantly higher burden in taking care of the mentally ill persons in the community due to inadequate funding for mental health services by the government, lack of adequate number of trained mental health personnel and the absence of social security services from the state. The impact of mental illness on the overall quality of life has been hardly explored. While there are studies to show the stress and burden experienced by the families, questions remain as to how family's global quality of life gets affected when challenged by care-giving responsibilities to a mentally disabled relative. The adverse consequences of care-giving impact not only the care giving process but also reduce the quality of life of the caregiver.

Few studies have reported the association between caregiver burden and reduction in quality of life. The present study intends to examine how quality of life of the caregiver is influenced by the process of care-giving in terms of the Personality characteristics of the Care Givers across psychiatric disorders namely Mental Illness and Mental Retardation.

The Research Questions

The following research questions have emerged...

- What type of Personality Profile that the Care givers of Persons with Mental disabilities (PMD) have?
- Do the Care givers of PMD have the Quality of Life?
- If so, what is their level of Quality of Life?
- Whether Personality Profile is associated with the Quality of Life for PMD?

Aim

The main aim of the present study is to understand and measure the Personality Profile & Quality of Life and their relationship among the care givers of PMD with the following specific objectives.

Objectives

- To understand the selected socio demographic profile of the care givers of the PMD.
- To study the Personality Profile of the PMD.
- To understand and measure the level of Quality of Life (QOL) of the PMD.
- To find out the relationship between the Personality Profile & QOL of the PMD.

Research Design

The authors have used Descriptive Research design for the present study. An attempt has been made to describe the socio demographic profile of the care givers, to study the Personality Profile, and the Quality of Life (QOL) of the care givers of PMD and the association between the above. Hence most suitable design would be Descriptive Research design.

Research Hypotheses

After having carefully reviewed various literatures the following research hypotheses have been formulated.

- The care givers of Persons with Mental Retardation have High Personality Profile and High QOL than the care givers of Persons with Mental Illness.
- Higher the Personality Profile Higher will be the Quality of Life (QOL) for the care givers of PMD.

Universe

All the Caregivers of Persons with Mental Illness (MI) and Mental Retardation (MR) who have registered themselves in "SUBITCHEM"- A Family Fellowship Programme run by M.S.Chellamuthu Trust and Research Foundation, A Psycho Social Rehabilitation Centre, Madurai. This initiative was started in the year 1999. So far 722 Care givers have registered and these people constitute as Universe for the present study.

Inclusion Conditions

- Care givers who have provided care for more than Two years for the ill (MI & MR).
- Both Male & Female.

Exclusion Conditions

- Those who are not cooperating till the completion of Research study.

Sampling

The Psychiatric Social Workers working at "SUBITCHEM", have prepared a list of care givers from the universe by adopting the inclusion and Exclusion conditions. After words from the list, 60 care givers (30 for MI and 30 for MR) were selected randomly using Lottery method. Thus stratified random sampling technique was implemented for this study to draw the samples.

Tools for Data Collection

- To study the Personality Profile of the Care givers, the 44 items Big Five Inventory – (OCEAN) by Oliver P. John (1991) with five sub dimensions namely 1) Extroversion 2) Agreeableness 3) Conscientiousness 4) Neuroticism and 5) Openness was administered. The Scale has high reliability (0.891) and Validity (0.944). This scale was used by many researchers and found that it measures what it is supposed to measure.
- To measure the Quality of Life (QOL) of the Care givers, for the PMD, the 26-item, World Health Organization Quality of Life Scale - Brief Version (WHO-QOL BREF) which has four subscales namely, 1) Physical health, 2) Psychological health, 3) Social relationships, and 4) Environmental factors along with the Total QOL was administered. The scale has high reliability (0.89) and high Validity (0.94).

Methods of Data Collection

"SUBITCHEM", The Family Fellowship meeting will be organized once in a month (i.e., all the 3rd Sundays), by M.S. Chellamuthu Trust and Research Foundation, Madurai. During that meeting, there will be an experience sharing by the caregivers and this will be moderated by the professionally trained Social workers and Psychiatrists. More inputs will be provided on Psycho Social Rehabilitation for the caregivers. Before starting the Fellowship meeting meeting, the translated interview tools have been given to caregivers and required, relevant information have been obtained from them.

Results and Discussion

Socio Demographic Details

S.No.	FACTORS	MI (30)		MR (30)	
		N	%	N	%
1	AGE (CG)				
	Below 30	4	13.3	3	10
	31-35	9	30	10	33.3
	36-40	10	33.3	11	36.7
	Above 41	7	23.4	6	20
2	GENDER (CG)				
	Male	15	50	15	50
	Female	15	50	15	50
3	RELIGION (CG)				
	Hindu	18	60	17	56.7
	Muslim	2	6.7	4	13.3
	Christian	10	33.3	9	30
4	TYPE OF FAMILY (CG)				
	Joint	11	36.7	10	33.3
	Nuclear	19	63.3	20	66.7
5	Place Of Lining (CG)				
	Rural	17	56.7	14	46.7
	Urban	13	43.3	16	53.3
6	Monthly Income (CG)				
	Below 3000	5	16.7	6	20
	3000 – 5000	9	30	8	26.7
	5000 – 7000	12	40	11	36.7
	7000 and above	4	13.3	5	16.6
7	Education (CG)				
	Primary	6	20	5	16.7
	Secondary	9	30	10	33.3
	HSC	10	33.3	11	36.7
	College	5	16.7	4	13.3
8	Occupation (CG)				
	Unskilled	11	36.7	10	33.3
	Semiskilled	13	43.3	15	50
	Skilled	6	20	5	16.7
9	Sex (Patient)				
	Male	16	53.3	13	43.3
	Female	14	46.7	17	56.7
10	Age Patients				
	Below 18	9	30	8	26.7
	19-25	12	40	10	33.3
	26-30	6	20	7	23.3
	Above 30	3	10	5	16.7
11	Duration of Illness				
	Below 5	8	26.7	6	20
	5 – 10	13	43.3	14	46.7
	10 – 15	9	30	10	33.3

It has been found that, just above one third of the Care Givers are in (31 to 35) and (36-40) years of age. Equal number of Male & Female Care Givers have been selected. Majority of Care Givers are Hindus (56.7%), from Nuclear Families (66.7%), from Urban areas (53.3%), Rs 5000 to Rs 7000 as their Monthly Income, Educated Higher Secondary & above level, involving in Semi Skilled nature of work for their daily bread.

While discussing the profile of the persons with mental disabilities, it is evident that 56.7 per cent of them are Female persons with Mental Disabilities, form (26 & above) years of age, suffering with the illness for more than six years.

Results on Personality Profile of the Care Givers

S.No.	Dimensions of Personality (Ocean)	MI (Mean %)	MR (Mean %)	Statistical result ('t' Test)
1.	Openness	49.13	60.10	P<0.05 Sig
2.	Conscientiousness	49.21	61.22	P<0.05 Sig
3.	Extraversion	52.22	69.25	P<0.05 Sig
4.	Agreeableness	51.07	67.86	P<0.05 Sig
5.	Neurotism	53.55	64.18	P<0.05 Sig

Personality Profile of the Care givers, was assessed with the help of the 44 items Big Five Inventory – (OCEAN) by Oliver P. John (1991). It has been found that the Care Givers of Persons with MR have scored higher in all the dimensions of Personality than the Care Givers of Persons with MI. The Care Givers of Persons with M.R have scored high in Extroversion, whereas the Care Givers of persons with M.I have scored high in Neurotism. However both the groups of Care Givers have scored lesser in Openness. These observed differences are Statistically significant since the 't' values are significant at 0.05 level.

Quality of Life Care givers of Persons with MI & MR

S.No.	Dimension of QOL	MI (MEAN %)	MR (MEAN %)	Statistical result
1	Physical Health	47.46	51.65	't' = 6.44 P<0.05 Sig
2	Psychological Health	43.58	59.87	't' = 7.64 P<0.05 sig
3	Social Relationship	39.13	52.07	't' = 5.99 P<0.05 sig
4	Environmental	49.63	54.51	't' = 6.11 P<0.05 sig
5	Total QOL	46.91	55.29	't' = 4.84 P<0.05 sig

Quality of Life (QOL) of the Care givers, for the PMD, was measured with the help of the 26-item, World Health Organization Quality of Life Scale - Brief Version (WHO-QOL BREF). It has been found that the care givers for

Persons with MR have more QOL (55.29%) when compared to care givers for MI (46.91%). Further the Care Givers of the Persons with M.R have scored high in Psychological Health, which indicates that they are Psychologically more strong when compared to the other group of Care Givers. It is also evident that the Care Givers of Persons with M.I have scored very less in Social Relationship dimension when compared to the other type of Care Givers. This clearly indicates that still the Care Givers do face the problem of Stigma in the Society when they take care of the Mentally Ill persons. These difference are statistically significant, as the 't' values are significant at 0.05 level.

Association between Personality Profile & QOL for the Care Givers of PMD (N= 60)

S.No.	Dimensions of Personality (OCEAN)	Total Quality of Life QOL	Statistical Significance
1.	Openness (O)	+ 0.82	P<0.05 Sig
2.	Conscientiousness (C)	+ 0.79	P<0.05 Sig
3.	Extraversion (E)	+ 0.71	P<0.05 Sig
4.	Agreeableness (A)	+ 0.80	P<0.05 Sig
5.	Neurotism (N)	+ 0.84	P<0.05 Sig

To verify the Second hypothesis of this present study, Karl Pearson's coefficient of Correlation tests were used. It has been found that there exists a Positive and Significant association between the Personality Profile and QOL for the Care givers of PMD. Which means when the scores of the sub dimensions of Personality Profile namely, Openness, Conscientiousness, Extraversion, Agreeableness, and Neurotism increases the scores of Quality of Life will also increases significantly. Moreover the same trend is also observed for the Care Givers of different groups of Persons with Mental Disabilities. Thus the formulated Hypothesis is verified.

Suggestions

Based on the findings of the present study, it is suggested that proper and periodic Psycho Education could be provided to the Care Givers of Persons with Mental disabilities. Further the World Health Organization's (WHO) 10 Life Skills Training Programme could be implemented to the Care Givers of Persons with Mental disabilities. Finally, to IMPROVE THE Quality of Life and

their Personality, for the Care Givers, the importance of Yoga and Meditation could be initiated.

Conclusion

To summarize it can be stated this study has added to the understanding of the Personality Profile and Quality of Life in caregivers of different chronic mental disorders and the relationship between Personality Profile and Quality of Life of caregivers of Persons with Mental Disabilities.

Implications

Mental disorders are seen to vary across time, within the same populations at the same time. This dynamic nature of the psychiatric illness impacts its planning, funding and healthcare delivery. Future directions include the need for longitudinal studies for understanding the burden, psychological distress and quality of life in caregivers over a period of time and to implement effective intervention strategies to reduce the burden, stress and improve the quality of life among caregivers. Similar studies could be carried with child and adolescent population, students, elderly population, people suffering from chronic medical conditions, disabled population, disaster survivors, and industrial workers

The basic idea, may be thought of now is a rehabilitation program not just for the patients, but the caregivers as well so that their quality of life is improved and consequently their coping skills and resilience becomes better.

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