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Caregiver Burden, Psychological Distress and Self-esteem among Relative Caregivers of Mentally Ill Patients in a Nigerian Tertiary Health Institution

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Abstract

Caregiver burden affects the health status of caregivers, especially those caring for mentally ill patients. This cross-sectional study investigated caregiver burden, psychological distress, and self-esteem in a sample of 450 caregivers of mentally ill patients attending an outpatient psychiatric clinic of a Nigerian tertiary health institution. The Zarit Burden scale, General Health questionnaire, and Rosenberg Self-esteem scale were used for data collection. Data analysis was done with Statistical Product and Service Solutions (SPSS) version 25.0). Means, standard deviations, and percentages were used for descriptive data analysis. Chi-square tests were performed to determine the relationships between variables. Respondents' age ranged between 18 to 61years, with a mean of 38.6 ±11.8 years. Up to 54.7 % were females, and 12.7 % showed signs of severe caregiver burden. Psychological distress was present in 38.2 % of them, and 35.3 % had low self-esteem. They were the caregivers of patients with schizophrenia (40.9%), depression (25.6%), bipolar disorder (13.3%), substance use disorder (10.9%), and intellectual disability (9.3%). Gender was significantly associated with the burden of care,$\chi 2=7.71$; P= 0.05, and self-esteem $\chi 2=9.95$; P= 0.05. Equally, the association between age and psychological distress was significant, $\chi 2=70.8$; P= 0.005. The study revealed the presence of caregiver burden, psychological distress, and low self-esteem among caregivers of mentally ill patients in Nigeria. The government and health professionals need to develop programmes that promote the psychological well-being of patients' caregivers.

Keywords: Mental illness, Care-giver burden, Psychological distress, Self-esteem, Psychological help

Introduction

Health caregiving has continued to shift from hospital to community and family due to the growth in ageing population and the increase in the number of people living with chronic diseases. Family members are currently very important in the delivery of long-term care for patients and loved ones (Sharpe et al., 2005). However, research has shown that family caregivers experience a significant burden in providing care to patients with specific illness such as mental illness (Gharavi et al., 2018).

Caregiver burden is defined as a psychological state that results from the combination of physical work and emotional and social pressure involved in caring (Dillehay & Sandys, 1990). It is the alterations in caregivers' emotional and physical health, that arise when the demands of care giving overwhelm the caregivers' available resources (Osunwale et al., 2019).It negatively affects the caregiver's health, financial resources, and quality of life (Ayalew et al., 2019).According to Awad & Voruganti (2008), the psychological consequences of care giving including emotional reaction, personal appraisal of care giving experiences, and perceived severity constitute a subjective burden. Whereas, the outwardly quantifiable demands placed on the caregiver, including tasks and resources forgone in the course of rendering care, are referred to as objective burdens. Negative impacts on caregivers' well-being caring for mentally ill patients have been reported, and the stigma associated with mental illness exacerbates this burden (Siddiqui& Khalid, 2019). Caregiver burden is a strong predictor of depressive symptoms among caregivers. It has some damaging effects on the caregivers' emotional, financial, and physical conditions; imposes some restrictions on their daily routines, and may lead to conflicts in family relationships and social support (Perlick et al., 2016; Udoh et al., 2021).

Furthermore, as the degree of dependency and time required looking after the patient increases, the load of care of the caregiver also increases leading to reduced quality of life of the family members (Siddiqui & Khalid, 2019). Udohet al., (2022) observed 85.3% of caregiver burden, consisting of 51.3% mild to moderate and 34.0% high to severe burden, among Nigerian subjects. Inogbo et al. (2017) also reported that about 45% of family caregivers who provided care for schizophrenic relatives experienced a high burden of care. Furthermore, Ayalew et al. (2019) found 72.9% of the burden among their respondents. Patrick et al., (2002) observed more caregiver burden and poorer psychological adjustment among caregivers of Vietnam War combat veterans with post-traumatic stress disorder (PTSD). Apart from mental illness, caregiver burden has been reported among other people with various disabilities (Perlick et al., 2016), and it is strongly related to psychological maladjustment and low self-esteem.

Psychological Distress is a continuous experience of unhappiness, nervousness, irritability, and problematic interpersonal relationships that occurs when one is under much stress (Ridner, 2004) Symptoms of psychological distress includefeeling overwhelmed, helpless, or hopeless, feeling guilty without a clear cause, spending a lot of time worrying, having difficulty thinking or remembering, sleeping too much or too little, having changes in appetite, relying more heavily on mood-altering substances, such as alcohol (Ridner, 2004).Caregivers have been reported to experience psychological distress and burden during the care of family relatives with mental disorders or disabilities. Suffering psychological distress and burden during care, not only affect the quality of life and health of the caregiver, but will also affect their productivity as an individual, and their ability to provide quality care for the ill relative, therefore worsening the health of the mentally ill relative and decreasing the likelihood of their possible recovery or improved health (Oshodi et al., 2012).

Self-esteem is a subjective evaluation of oneself; strong self-esteem shows that one accepts and respects oneself and believes that he/she is a valuable human being (Rosenberg, 1965).Caregiver self-esteem involves feelings of confidence, competence, enjoyment, and reward resulting from engaging in care giving. It is the sense of value and worth derived from caregiving; and can predict aspects of quality of life in both the patients for whom they provide care, as well as the caregivers themselves (Yesol et al., 2022). Low self-esteem among caregivers can negatively affect the ability of the caregiver to provide adequate care to their relatives. It will negatively affect their level of life satisfaction and predispose them to depression (Chen et al., 2016). Studies (Deokju, 2017; Longacre et al., 2015; Osumwale et al., 2019) have shown that the caregiver burden is associated with high levels of psychological distress, lower self-esteem, and impaired quality of life. Southeast Nigeria has facilities that manage and treat various mental health challenges. These patients mostly have family members as their caregivers. However, studies on caregiver burden, psychological distress, and self-esteem among people caring for mentally ill relatives in southeast Nigeria are scarce in the literature, and this is the aim of this study.

Objectives

The broad objective of the study was to determine caregiver burden, psychological distress, and self-esteem among mentally ill patients' relative caregivers in a Nigerian tertiary health institution.

Specifically, the study determined the:

1. level of caregiver burden among relatives caring for mentally ill patients in a tertiary institution in Nigeria;
2. level of psychological distress among the caregivers; and
3. Self-esteem level of the caregivers.

Hypotheses

The following null hypotheses were tested in this study.

$H_0$1. There is no significant gender relationship with caregiver burden, psychological distress, and self-esteem.

$H_0$2.There is no significant relationship between the age of caregivers and levels of caregiver burden, psychological distress, and self-esteem.

Methodology

Study design: This study adopts the cross-sectional research design to investigate caregiver burden, psychological distress, and self-esteem among relative caregivers of mentally ill patients in a Nigerian tertiary health institution. The justification for the choice of this type of research design is that it is a type of descriptive research that provides information from groups. Cross-sectional research design does not allow the researcher to influence the variables of the study but merely observes them. Furthermore, this type of design allows the researcher to collect data from many individuals at a single point in time. It is relatively low-cost, quick, can provide information from multiple variables, and can guide public health planning (Hunziker & Blankenagel, 2021).

Study population: The study population is all the relative caregivers of mentally ill patients attending the outpatient psychiatric clinic of a Nigeria tertiary health institution. The clinic receives referrals from the general outpatient clinic and other specialized clinics of the health institution as well as primary and secondary health centers, and other health facilities within and outside the tertiary health institution. The clinic attends to an average of 500 old and new patients per week, with 180 – 200 of the patients attending with a caregiver who is usually a relative.

Sample size selection: Using purposive sampling, a total of 450 male and female caregivers aged 18-61 years were randomly recruited from all the caregivers who accompanied the patients to the outpatient clinic. Inclusion criteria are caregivers aged between 18-61 years, who have been caring for the mentally ill patient for about 5 months and the patient has been an outpatient of the hospital; and those who gave verbal consent to participate in the study.

Instruments for data collection: Four instruments were used for data collection. These are: (i) a socio-demographic questionnaire containing information concerning the caregiver's age, gender, educational status, occupation, and marital status. (ii) a proforma was used to obtain clinical data on the diagnosis of the patients being cared for. (iii) The 22-item Zarit Burden scale (Bachner & O'Rourke, 2007) was used to assess the level of the caregivers' burden. The scale responses ranged from 0 (Never) to 4 (nearly always). Sample items in the scale include (a) *Do you feel uncertain about what to do about your relative?* (b)*Do you wish you could leave the care of your relative to someone else?* The General Health Questionnaire (GHQ -12) (Goldberg, 1978/1981) was used to assess the presence of psychological distress among the respondents. This is a 12-item instrument that was developed by Goldberg in 1978 and has since been translated into 38 languages with over 50 validity studies. The scale takes about three minutes to complete. Sample items in the scale include: *Have you been able to concentrate on whatever you are doing? Have you lost much sleep over worry?* Each item is accompanied by four response options as follows: 1 = same as usual, 2=better than usual; 3=Less than usual, and 4= much less than usual. The 10-item Rosenberg Self-Esteem Scale (SES) was used to assess self-esteem (Rosenberg, 1965). The SES is a widely used and validated self–report measure for assessing self-esteem. The measure is scored on a 4-point Likert-type response format starting from 1=strongly disagree to 4=strongly agree. Sample items in the SES include 'I think I have a number of good qualities' and 'I feel I do not have much to be proud of'. In the SES five of the items (2,5,6,8,9) are reverse scored. Total obtainable scores including the reverse scores ranged from 10-40 with high scores indicating high self-esteem.

Validity and reliability of the instruments: All the instruments have been validated and used for various studies in Nigeria, and this justifies their use in the present study. In this study, the Zarit burden scale demonstrated good internal reliability, with a Cronbach alpha of 0.79. It has equally been validated and used for studies in Nigeria (Osunwale et al., 2019; Udoh et al., 2021). The internal reliability of the GHQ-12 in the present study was acceptable, with a Cronbach's alpha of 0 .70. Furthermore, The GHQ-12 has been validated and used for studies in Nigeria (Friday et al., 2019). For the SES, AL-Khatib (2013) reported the Cronbach alpha of the scale to be 0.86; while for the present study, the Cronbach's alpha of the SES was 0.75. The scale has equally been validated and used for studies in Nigeria (Terna, 2014;).

Method of data collection: The researcher collected the data with the help of two clinic attendants who are conversant with the assessment instruments. On every clinic day, the instruments were given to all the caregivers who accompanied their mentally ill relatives to the clinic after obtaining verbal consent from them. The instruments took each respondent about five minutes to complete, and the researcher immediately collected the completed instruments from the respondent. This approach gave a proper response rate of one hundred percent. This process was sustained on every clinic day until a total of 450 caregivers were sampled for the study between June and September 2024.

Ethical consideration: The participants were assured that participation was voluntary without any incentive. Their consent to participate was obtained orally after explaining the purpose of the study to them. To ensure the anonymity of their responses, they were assured that their responses were strictly confidential, and they would not be identified in person. A letter of ethical approval for this study was obtained from the research and ethics committee of the tertiary health institution.

Data and Statistical Analyses: Data analysis was done with Statistical Product were as follows; 40.9% had schizophrenia; 25.6% had depression; 13.3% had bipolar affective disorder; 10.9% had substance use disorder, and 9.3% had intellectual disability.

and Service Solutions (SPSS) version 25.0). The total obtainable score on the Zarit burden scale ranged from 0-88. Scores from 1-21 mean little or no burden; 21-40 means mild to moderate burden; 41-60 means moderate to severe burden while scores of 61-88 are interpreted as severe burden. The scoring method of (GHQ-12) assigns a score of 0 each for responses 1 and 2 ("same as usual "and "better than usual") and a score of 1 each for responses 3 and 4 ("less than usual" and "much less than usual"). After answering all the 12 items on the scale, the total responses are then added together. A total response score of 3 and above is said to have psychological distress, but a total response of less than 3 indicates no psychological distress. Means, standard deviations, and percentages were used for descriptive analyses. The chi-square test was performed to test the hypotheses at the significance level of p ≤ 0.05 at 95% confidence interval.

Results

Demographic characteristics of the respondents

The age of respondents ranged between 18 - 61 years, with a mean age of 38.6±11.7 years. More than half (54.7%) of the respondents were females, 54.7% had tertiary education. The results revealed that 40% of the respondents were self-employed, 34.9% were public servants and 21.1 % were students respectively. The diagnoses of the caregivers' relatives

The level of caregiver burden, psychological distress, and self-esteem among the study participants

Results (Table 1) revealed that 16.2 % of the respondents manifested little or no caregiver burden; 33.8% manifested mild to moderate burden; 37.3 % showed signs of moderate to severe burden, and 12.7% manifested severe burden. More than a third (38.2%) had psychological distress and 35.3% had low self-esteem.

Table 1: Level of Caregiver Burden, Psychological Distress, and Self-Esteem of the Respondents

	f	%
Level of caregiver burden		
Little or no burden	73	16.2
Mild to moderate burden	152	33.8
Moderate to severe burden	168	37.3
Severe burden	57	12.7
Psychological distress		
Absent	278	61.8
Present	172	38.2
Level of Self-esteem		
High	291	64.7
Low	159	35.3

Test of Hypotheses

Hypothesis one: There will be no significant gender relationship with caregiver burden, psychological distress, and self-esteem.

Data in Table 2 presents the relationship of gender with levels of caregiver burden, psychological distress, and self-esteem. It revealed that gender was significantly associated with the burden of care $\chi2=7.71$; P= 0.05; and self-esteem$\chi2=9.95$; P= 0.05, but not with psychological distress, $\chi2=2.04$; P =0.605. Males were more affected by caregiver burden than the females because 15.6% of them had severe burden as against 10.2% of the females who had severe burden. With regards to self-esteem, 42.1 % of males had low self-esteem as against 28.9 % of females. This shows that male caregivers experienced lower self-esteem than females. The first hypothesis of the study was therefore partly rejected because gender was significantly associated with caregiver burden and self-esteem, even though psychological distress was not significant with gender.

Table 2: Relationship of gender with levels of caregiver burden, psychological distress, and self-esteem

Variables	Male (n=204) F (%)	Female (n=246) F (%)
Burden of care		
Little or no burden	25 (12.3)	48 (19.5)
Mild to moderate burden	75 (36.8)	77 (31.3)
Moderate to severe burden	72 (35.3)	96 (39.0)
Severe burden	32 (15.6)	25 (10.2)
	$\chi2$=7.71; P= 0.05*	
Psychological distress		
Absent	121 (59.3)	157 (63.8)
Present	83 (40.7)	89 (36.2)
	$\chi2$=2.04; P =0.605	
Self-esteem		
High	116 (56.9)	175 (71.1)
Low	88 (42.1)	71 (28.9)
	$\chi2$=9.95; P= 0.05*	

F=frequency; %=percentage *significant at p≤0.05

Hypothesis two: There is no significant relationship between the age of caregivers and levels of caregiver burden, psychological distress, and self-esteem.

Data in Table 3 presents the relationship of age with levels of caregiver burden, psychological distress, and self-esteem. There were significant associations between age and burden of care $\chi2$=219.7; P= 0.00; and psychological distress $\chi2$=70.8; P= 0.005, but not with self-esteem $\chi2$= 2.87; P = 0.09. The second hypothesis was also partly rejected because age was significantly associated with caregiver burden and psychological distress, but not self-esteem. Up to 26.9 % of caregivers in the age range of the younger group (18-35 years) had moderate to severe burden as against 16.8% of the older group (36-61 years). Furthermore, 15.8 % of the 18-35 years group had severe burdens compared to the 3.6% of those in the 36-61 years category. Psychological distress was also found in 42.7% of younger caregivers in the age range of 18-35 years, as against 33.3% of those within the age range of 36-61 years. A comparable proportion of the age groups; 34.5 % of those between 18-35 years and 35.1% of those aged between 36-61 years had low self-esteem.

Table 3: Relationship of age with levels of caregiver burden, psychological distress, and self-esteem

Variables	**18-35 Years (n =171) F (%)**	**36-61Years (n =279) F (%)**
Burden of care		
Little or no burden	39 (22.8)	77 (27.6)
Mild to moderate burden	59 (34.5)	125 (44.8)
Moderate to severe burden	46 (26.9)	47 (16.8)
Severe burden	27 (15.8)	30 (3.6)
	$\chi 2=219.7$; P= 0.00*	
Psychological distress		
Absent	98 (57.3)	186 (66.7)
Present	73 (42.7)	93 (33.3)
	$\chi 2=70.8$; P= 0.005*	
Self-esteem		
High	112 (65.5)	181 (64.9)
Low	59 (34.5)	98 (35.1)
	$\chi 2= 2.87$; P = 0.09	

*Significant at p≤0.05

Discussion

The health status of caregivers of mentally ill patients and other caregivers, who care for people with serious disabilities, is of great importance if healthcare delivery is to be achieved. Incidentally, caregiver burden has been observed to impact negatively on the health of caregivers, especially those who care for mentally ill patients. This study has provided information on the level of caregiver burden, psychological distress, and self-esteem among relative caregivers of mentally ill patients in a health facility in Nigeria. The results showed many (62.0%) of the caregivers were within the age range of 36-61 years. This shows that the task of caregiving is mostly performed by older adults in their most productive years. This indicates that caregiving may interfere with their engagement in work. As much as 45.3% of males are involved in caregiving. The high number of males involved in caregiving as noticed in this study is not very common; however, it may reflect the present realities in Nigeria. Due to economic hardship, unemployment, and job losses, many men may be out of jobs leaving their wives to be the breadwinners of the family. So, the men may have more time to care for their sick relatives than the women who may be struggling to find food for the family. It could also be that men are considered more capable of managing mentally ill patients because the patients often require physical restriction which usually requires strength and authoritativeness.

The research findings also showed that the relatives of the respondents suffered from various forms of mental illness, with schizophrenia and depression being the most prevalent. Schizophrenia is a severe mental illness estimated to affect many people globally. The impairment caused by schizophrenia limits the ability of the sufferers to remain independent in various domains of psychosocial functioning. Patients with schizophrenia require long-term support and care which may become burdensome to their caregivers. Depression is characterized by deep sadness or grief, sleeplessness, appetite loss, an unpleasant mood, hopelessness, and irritability. It has been linked to lonely lives, a lack of enjoyment, and social and professional impairment. Schizophrenia and depression are serious mental disorders that require long-term treatment and care. People with these disorders usually cannot take care of themselves but usually depend on caregivers to look after them. This explains why they are the most prevalent disorders noticed among the relatives of the caregivers in this study. Similar prevalence of mental illness among caregivers' relatives in Nigeria had previously been reported by Osunwale et al. (2019) and Udo et al. (2021).

This study reported high levels of caregiver burden, psychological distress, and low self-esteem among the respondents. This pattern of findings corroborates previous reports from other researchers in Nigeria (Udo et al., 2021; Perlick et al., 2016; Osunwale et al., 2019). The high caregiver burden may reflect the level of difficulty associated with caring for mentally ill patients in Nigeria. Some of these difficulties include restrictions on the movement of the caregivers, and their inability to attend to their daily routines. Some of them may be absent from work, school, or other social engagements. These reduced activities will impact on their happiness and quality of life. The study objectives were achieved because it has shown that relatives caring for mentally ill patients showed signs of caregiver burden, psychological distress and various levels of self-esteem.

The study findings showed that gender was significantly associated with the burden of care and self-esteem thereby partly rejecting the first hypothesis of the study. Male caregivers were more likely to experience high burden and low self-esteem in caring for mentally ill patients. A similar observation was made by Perlick et al. (2016) in their study of caregiver burden and depression. Their study showed that male caregivers experienced more severe burdens, psychological distress, and low self-esteem than females. This may indicate that males were more affected by the stress associated with caring for people with mental illness than females. However, this may not be unusual because, in Nigeria, the role of caregiving is mostly performed by females, while the males are seen as those who provide the resources for looking after the sick persons. Therefore, the males who acted as caregivers in this study might have been overwhelmed by the stress associated with caregiving, unlike the females who are more conversant with the vagaries associated with caregiving of sick relatives and therefore may not be impacted as much as the males. Additionally, mental illness is often stigmatized in Nigeria; therefore, male caregivers who may also be heads of the family might feel their self-esteem reduced when such morbidity occurs in the family. Further findings of the study showed that the stress associated with caregiving was more present in the younger caregivers than the older ones. This is because 40.0% of this age group experienced psychological distress, 43.1% had low self-esteem and 15.6 % manifested severe burden respectively. This implies that the younger caregivers may be having difficulties meeting the demands associated with caring for mentally ill relatives. Caring for mentally ill patients requires constant attention and time which might hinder younger ones from attaining a better future like pursuing their education or learning some trade. In addition, they may not have the responsibility to handle the inconveniences inherent in care giving, and this will impact negatively on their quality of life. Shah et al., (2010) posited that mentally ill people develop a strong dependency on caregivers mainly due to the significant impairment associated with their illness. This dependency and responsibility for caring affect the quality of life of caregivers impacting their health, work, and relationships and adding to their distress. The second hypothesis was also partly rejected because there was a significant association between age and psychological distress, as well as age and caregiver burden. This shows that younger caregivers experienced more caregiver burden than older ones. They might not have developed the resilience to cope with the pressure and inconveniences associated with caregiving.

Conclusion

This study contributed more insight into the discourse of mental illness as a leading contributor to the global burden of disease. Schizophrenia and depression were the most common mental ailments that often require caregiving at the outpatient clinic in the hospital facility. The caregivers were mostly middle-aged adults and a good number of them were males, indicating an interesting shift in Nigerian men's involvement in caregiving responsibilities. However, caring for mentally ill patients comes with a huge psychological cost as many of the caregivers experience severe caregiver burden, psychological distress, and low self-esteem. Care giving entails a lot of resource demands particularly for mentally ill patients. Gender and age of caregivers were found to be significantly associated with caregiver burden, psychological distress, and self-esteem at various levels. Male caregivers were more affected by caregiver burden and low self-esteem than females. Furthermore, younger caregivers experienced greater care burden and psychological distress than older ones. These findings indicate the presence of latent cultural and psychological factors that mediate the relationships of caregiver gender and age characteristics with the experience of care burden, distress, and low self-esteem.

Recommendations

1. The government and health care professionals in Nigeria need to provide regular stress management programmes for caregivers of patients with mental and other debilitating illnesses to mitigate the negative health outcomes of caregiving.
2. The government also needs to formulate and implement policies that recognize and address the negative health impact of caregiving.

Limitation of the study

The use of only caregivers of mentally ill patients from one tertiary health institution, without including other caregivers of similar patients from other health institutions within the study area, is a limitation of this study. However, this will be the focus of future research.

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