

Factors Associated with Resilience among Caretakers of Patients Suffering from Bipolar Affective Disorder

Rameshwar S Manhas¹, Gaurav S Manhas², Angli Manhas³, Jagdish R Thappa⁴,
Mohammad M Dar⁵, Rukhsana Akhter⁶

¹Senior Resident, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

²Resident Scholar, Department of Radiodiagnosis, Government Medical College Jammu, J&K, India.

³Senior Resident, Department of Ophthalmology, Government Medical College Jammu, J&K, India.

⁴Prof & HOD, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

⁵Prof & HOD, Department of Psychiatry, Government Medical College, Srinagar, Jammu and Kashmir, India,

⁶MA in Psychology, Intern, Department of Psychiatry, Government Medical College, Jammu, J&K, India.

Corresponding Author: Gaurav S Manhas

ABSTRACT

Background: Caring for a person with bipolar disorder poses both emotional burdens such as grief, worry, tension etc and objective burdens such as increased expenditure of money and time. Resilience in a family members/caretakers of persons with mental illness can help overcome the burden and stress of caretaking that may otherwise compromise their health and quality of life.

Aims: The objective of the study was to find correlation of factors associated with resilience among caretakers of patients suffering with bipolar affective disorder (BPAD).

Materials & Methods: The present study was observation and cross-sectional, involved caretakers of patients suffering from bipolar affective disorder who were receiving services at outpatient department of Government Psychiatric Diseases Hospital Jammu which serves to whole Jammu province and was conducted over a period of 2 months. A total of 130 caretakers were selected and then assessed by using 25 Item Resilience Scale.

Results: Being educated and parent by relation were the factors which had significant positive whereas being female and unemployed were the factors which had significant negative correlation with resilience among caretakers of patients suffering from bipolar affective disorders. Factors such as age of the caretaker, male gender, being uneducated and employed had no correlation with resilience.

Conclusion: From present study, it has been concluded that there is significant positive correlation of resilience among caretakers who were educated and parent by relation whereas there is negative correlation between resilience and caretakers who were females and unemployed. Hence it is suggested that there is strong need for developing counseling intervention and stress coping techniques for promoting resilience among caretakers of BPAD patients.

Keywords: Caretaker, Correlation, BPAD, Resilience, Burden

INTRODUCTION

Resilience is defined as the capacity of human beings to survive and thrive in the face of adversity. It helps an individual to overcome difficult circumstances and go on to lead healthy, successful lives. [1] It is

psychological process that provides relative resistance to an individual against the psychosocial risk experiences [2] and helps to maintain positive adaptation within the context of the significant adversity. [3] The process of resilience involves various

mechanisms of coping with, change, opportunity, adversity or stressful situation in such a manner that results in the, fortification, enrichment and sometimes identification of protective factors or resilient qualities. [4] Resilience includes the strengths possessed by individuals or families that enable them to overcome adversity. [1]

Bipolar affective disorder is a chronic disorder characterized by recurring and remitting episode of mania and depression associated with interepisodic period of remission. [5] Caring of a family member with severe mental illness is a stressful life events [6] and the caretaker may feel caretaking as burdensome, [7,8] report greater feelings of strain and there is greater disruption in family functioning, [9] associated with financial difficulties, patients dependence on caretaker, stigma etc. [10]

Resilience in caretakers not only helps to survive the day-to-day burden of caring for a family member who is mentally ill, but also to thrive that is to grow into a more flexible, healthier and stronger individual. [11] Since in our setup no study has been done to evaluate resilience among caretakers of bipolar patients, hence we conducted a study to find factors associated with resilience in caretakers of patients suffering from bipolar affective disorder.

METHODOLOGY

The present study was observation and cross-sectional study involved caretakers of patients suffering from bipolar affective disorder who were receiving services at outpatient department of Government Psychiatric Diseases Hospital Jammu which serves to whole Jammu province and was conducted over a period of 2 months. After meeting inclusion and exclusion criteria a total of 130 caretakers were selected for the study which were assessed by using 25 Item Resilience Scale. [12]

Selection Criteria for Caretakers:

Inclusion criteria: Caretakers who were above 21 years of age, had given written consent before participating in the study and were living with the patient for at least last 1 year study.

Exclusion criteria: Caregivers with substance dependence or chronic physical illness, mental retardation, organic syndromes and psychiatric conditions.

Statistical Analysis:

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. The statistical techniques t test and Pearson's correlation coefficient were used. The $p \leq 0.05$ was considered to be statistically significant whereas $p \leq 0.001$ was considered highly significant.

OBSERVATION & RESULTS

Table 1 shows mean resilience scores of the caregivers according to age, gender, education, employment and relation of caregiver with patient. The mean resilience score of caretakers above 40 years was 121.51 (± 25.5) whereas that of caretakers below 40 years was 113.81 (± 17.94). The difference between the two was 7.7 which was statistically highly significant (p -value=0.001). Male caregivers had a mean resilience score of 120.10 (± 25.97) which was more than that of female caregivers who had a mean resilience score of 118.77 (± 21.83) with a difference of 1.33 which was statistically significant (p -value=0.016) which shows that resilience was more among male caretakers compared to female ones. Caretakers who were educated had a higher mean resilience score of 120.86 (± 28.46) than that of uneducated caregivers with a mean resilience score of 116.73 (± 21.45). Moreover the difference in mean resilience score of educated and uneducated caregivers was 4.13 which was statistically highly significant (p -value=0.001) which shows that being educated is boosting factor for resilience. Employed caretakers had a mean resilience score of 123.94 (± 29.07) which was higher than that of unemployed caretakers having a score of 114.58 (± 21.53)

with a statistically highly significant difference of 9.36 (p-value=0.001). As per relation with patient, caregivers who were parents had a high resilience score of 123.17 (± 30.31) than the caretakers other than

parents who had mean resilience score of 119.13 (± 22.03). The difference between the two groups was 4.04 which was statistically highly significant (p-value=0.001).

Table 1 shows mean resilience score according to age, gender, education, employment and relation of the caretaker.

		Number of caretakers	Mean resilience score	Standard deviation	Difference in mean resilience score	P-value
Age (in years)	≤40	21	113.81	17.94	7.7**	0.001
	>40	109	121.51	25.5		
Gender	Males	52	120.10	25.97	1.33*	0.016
	Females	78	118.77	21.83		
Educational status	Educated	57	120.86	28.46	4.13**	0.001
	Uneducated	73	116.73	21.45		
Employment status	Unemployed	68	114.58	21.53	9.36**	0.001
	Employed	62	123.94	29.07		
Relation	Parents	59	123.17	30.31	4.04**	0.001
	Others	71	119.13	22.03		

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

Table 2 shows correlation of resilience with age, gender, education, employment and relation of caregiver with patient. There was no significant correlation of the resilience with the age of the caretakers. As per gender of the caretaker there was a significant negative correlation between resilience and caretaker being female with Pearson's correlation value of -0.25 and p-value of 0.046. The Pearson's correlation value between resilience and educated caretakers was 0.295 with a p-value of 0.026 which

suggests a significant positive correlation between them. There was significant negative correlation between resilience and unemployed caretakers with a Pearson's correlation value of -0.120 and significant p-value of 0.017. There was positive correlation between resilience and caregivers who were parents of their patients with the Pearson's correlation value of 0.359 and p-value of 0.023 which was significant.

Table 2 shows correlation of resilience with age, gender, education, employment and relation of the caretaker.

		Number of caretakers	Pearson's correlation	P-value
Age(in years)	≤40	21	.047	.279
	>40	109	.068	.768
Gender	Male	52	-0.036	.623
	Female	78	-0.25*	.046
Educational status	Educated	57	0.295*	.026
	Uneducated	73	.004	.998
Employment status	Unemployed	68	-0.120*	.017
	Employed	62	0.091	.444
Relation	Parents	59	.359*	.023
	Others	71	-0.032	.683

*P-value significant at the level of 0.05

**P-value highly significant at the level of 0.001

DISCUSSION

Caring for a person with bipolar disorder poses both emotional burdens such as grief, worry, tension etc and objective burdens such as increased expenditure of money and time. It is also associated with decreased quality of life, impaired mental and physical health. [13] Resilience in a family members/caretakers of persons with

mental illness can help to overcome the burden and stress of caretaking that may otherwise compromise their health and quality of life. [1]

In the present study mean resilience score of caretakers above 40 years was 121.51 (± 25.5) whereas that of caretakers below 40 years was 113.81 (± 17.94) and the difference between the two group was 7.7

which was statistically highly significant (p -value = 0.001). Our finding shows that the resilience was high in older as compared to younger caretakers of BPAD patients. This could be explained by the fact that the old caretakers may have gained more experience in handling the stressful life situations and meanwhile had developed more coping strategies and resources especially financial ones which helps them to reduce their psychological distress and increase their resilience. [14] Manhas RS et al had also observed that resilience was higher in old caretakers as compared to younger ones. [15] Moreover the Pearson's correlation value between resilience and caregivers above 40 years of age was 0.068 (p -value=0.768) and between resilience and caregivers below 40 years of age was 0.047 (p -value=0.279), both being non significant which shows that there is no significant association between resilience and age of the caretakers of bipolar patients. Our finding is consistent with Manhas RS et al who found no association of resilience with the age of the caretaker. [15] Similarly Herbert HS et al had also observed no statistical significant association between resilience and age of caretaker of mentally ill patient. [16]

The mean resilience score of male caretakers was 120.10 (\pm 25.97) whereas that of female caretakers was 118.77 (\pm 21.83). The difference between these two scores was 1.33 which was statistically significant (p -value=0.016). Thus the finding in this study shows that the resilience in male caretakers was significantly higher than that of female caretakers. In developing countries like India, the families are often dominated by male members who keep suppressing women resulting in more frustration and burden among women while caring for the mentally ill patients [14] which in turn leads to development of low coping levels resulting in low resilience among women caretakers. [17] Our finding is consistent with Manhas RS et al who observed that resilience was high in male as compared to female caretakers. [15] Similarly Mahmoud S

had also found low resilience among female caretakers. [18] Moreover in the Pearson's correlation value between resilience and female gender of the caretaker was -0.25 with a p value of 0.046 which suggests that there is a significant negative correlation between resilience and female gender of the caregivers. Our finding is in accordance with Manhas RS et al who observed negative correlation of resilience with caretakers being females [15] whereas Herbert HS et al had found no statistical significant association between resilience and gender of caregivers of schizophrenia patients. [16]

In the present study mean resilience score of educated caretakers i.e. 120.86 (\pm 28.46) was higher than that of uneducated caretakers who had mean resilience score of 116.73 (\pm 21.45) which suggests that resilience was higher in educated caretakers with a difference of 4.13 from that of uneducated caretakers which was statistically highly significant (p -value=0.001). Being illiterate negatively influence the coping process and decreases the quality of the caretaking. [19] Being educated creates more employment opportunities resulting in more money from salary which in turn decreases financial problems which occurs while caring of ill family member. Moreover knowledge gained from higher levels of education helps an individual to deal with stressful life events in a better way. [20] The finding of ours is in accordance with Manhas RS et al who also observed that resilience was high in literate caretakers as compared to illiterate ones. [15] Our study also shows that there is significant positive correlation between resilience and educated caregivers with Pearson's correlation value of 0.295 and p -value of 0.026 Manhas RS et al had also observed that resilience and education of the caretakers are perfectly positively correlated [15] whereas no significant correlation between resilience and educational status of the caretaker was observed by Herbert HS et al. [16]

The mean resilience score of employed caretakers in the present study was 123.94 (± 29.07) which was higher than that of unemployed caretakers with mean resilience score of 114.58 (± 21.53) which suggests that resilience was higher in employed caretakers compared to unemployed caretakers. The mean difference between the two groups was 9.36 which was statistically highly significant (p -value=0.001). Whenever caretakers are employed, they had a regular source of income which helps them to deal with financial difficulties, increases self confidence and develop better coping mechanism while providing care to their mentally ill patients. [20] Our study is in accordance with Manhas RS et al who observed that employed caretakers had a higher resilience compared to unemployed ones. [15] Moreover the Pearson's correlation value between resilience and unemployed caretakers was -0.120 with p -value of 0.017 which shows that there is statistically significant negative correlation between resilience and unemployed caretakers. The results of our study are consistent with Manhas RS et al who observed statistically significant negative correlation between resilience and unemployment status of the caretakers. [15] However as per Herbert HS et al there was no statistical significant association between resilience and occupation of caretakers of mentally sick patients. [16]

In the present study the mean resilience score of parent caretakers i.e. 123.17 (± 30.31) was higher than that of other caretakers who had mean resilience score of 119.13 (± 22.03) whereas the mean difference between the two groups was 2.79 which was highly statistically significant (p -value=0.001). Our finding shows that the resilience in caretakers who were parents was significantly higher than the caretakers other than parent by relation. Multiple coping strategies like participating in religious practices, developing faith in God, hope for a better future, acceptance of illness, positive emotions, helping others

with a similar problem, etc. are used by the caretakers who were parents and these coping strategies helps the caretakers to increases their resilience and reduce their caretaking burden. [21] Manhas RS et al had also observed resilience was high among caretakers who were parents of their patients. Moreover, in our study the Pearson's correlation value between resilience and parent caregivers was 0.359 with p -value of 0.023 which shows that there is statistically significant positive correlation between resilience and caregivers who were parents. Our finding is in accordance with Manhas RS et al who also observed similar results [15] whereas Herbert HS et al had found no statistical significant association between resilience and relation of caretakers of mentally ill patient. [16]

CONCLUSION

From present study it has been concluded that the resilience was more in caretakers who were above 40 years of age, males, educated, employed and were parents by relation to the patient. Also there is significant positive correlation of resilience among caretakers who were educated and parent by relation whereas there is negative correlation between resilience and caretakers who were females and unemployed. Hence it is suggested that there is strong need for developing counseling intervention and stress coping techniques for promoting resilience among caretakers of BPAD patients.

Conflict of interest: None declared

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