International Journal of Management, Technology, and Social Sciences (IJMTS), ISSN: 2581-6012, Vol. 9, No. 2, June 2024

SRINIVAS PUBLICATION

Burden of Care among Relatives of Patients with Schizophrenia

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Area/Section: Social Science.
Type of the Paper: Review Paper.
Type of Review: Peer Reviewed as per |C|O|P|E| guidance.
Indexed in: OpenAIRE.
DOI: https://doi.org/10.5281/zenodo.12590444
Google Scholar Citation: IJMTS

How to Cite this Paper:
Sridevi, R. G. & Talwar, P. (2024). Burden of Care among Relatives of Patients with Schizophrenia. *International Journal of Management, Technology, and Social Sciences (IJMTS)*, *9*(2), 250-266. DOI: https://doi.org/10.5281/zenodo.12590444

International Journal of Management, Technology, and Social Sciences (IJMTS)
A Refereed International Journal of Srinivas University, India.

CrossRef DOI: https://doi.org/10.47992/IJMTS.2581.6012.0355

Received on: 13/05/2024
Published on: 30/06/2024

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ABSTRACT

Purpose: *The purpose was to critically review the studies related to burden among relatives of patients with schizophrenic.*

Objective: *The research is done to assess burden of care among relatives of patients with schizophrenia*

- *To Assess the Degree of Caregiver Burden*
- *To determine the factors contributing to burden*

Design/Methodology/Approach: *A variety of secondary sources, such as journals, book chapters, conference proceedings, and other web pages, were used to compile the literature for this investigation. Every study has been thoroughly examined and summarized. It is also used to determine the gaps in the field and research objectives.*

Findings/Results: *All recent study's findings and constraints have been carefully considered. Each work's results have been closely scrutinized, and the reason for the gap has also been thoroughly investigated.*

Originality/Value: *The goal of this manuscript is to review the pertinent research that has previously written. It also includes secondary information obtained from various online sources, such as websites, technical book chapters, conference papers, and research journals. The selected papers were all relevant to the intended work, up to date, and published by reliable publishers. A genuine attempt is made to select a research topic and carry out the investigation.*

Paper type: *Review Paper.*

Keywords: Schizophrenia, Burden of care, Relatives, caregivers' burden.

1. INTRODUCTION :

The chronic, debilitating mental illness known as schizophrenia presents many difficulties in both its treatment and aftermath. The text highlights the substantial financial burden that the patient bears, the caregiver bears due to the transfer of care from the hospital to the family, and the entirety of society bears the brunt of the substantial direct and indirect costs, which include recurrent hospital stays, the requirement for ongoing psychological and financial assistance, and lost productivity that lasts a lifetime (Awad & Voruganti, (2011). [1]).

Significant societal costs are a result of schizophrenia's high prevalence and long-term evolution. Ever since psychiatric hospitals started releasing patients into the community in the early 1950s, researchers have examined the negative effects of these mental illnesses on family members (Reine, et al. (2003). [2]).

The two types of burden that were examined and analyzed were subjective burden (i.e., emotional distress about upsetting behaviors) and objective burden (i.e., negative consequences such as physical problems, financial difficulties, and household tension) (Provencher, et al. (1997). [3]).

While the primary effect of schizophrenia is on the patient, it also has an indirect effect on individuals who are concerned about them. Due to the fact that caring for a patient with schizophrenia typically involves a heavy burden over an extended period of time (Strunoiu, et al. (2019). [4]).

Family caregivers of individuals with schizophrenia bear a great deal of burden and other psychotic disorders. The contributions of patient depression, suicidal thoughts, and substance abuse have not received as much attention as they should, despite the identification of several patient and caregiver predictors of burden. Family psychoeducation additionally, interventions have been demonstrated to decrease patient symptoms and the need for inpatient treatment; Still, it's unknown if these interventions also lessen the strain on the household (McDonell, et al. (2003). [5]).

Schizophrenia management entails family care and support. In this context, the term "burden of care" speaks of the idea that patients' families and caregivers bear a few of the responsibility for their care. This construct can be understood as a syndrome of variable clustering that impacts caregivers' overall and mental health (Ahlem, et al. (2017). [6]).

When a patient with schizophrenia moves from hospital-based care to community-based care, their family becomes their primary caregiver at home. Nonetheless, they require support from the medical community and society additionally knowledge and expertise when giving patients medical attention. Given that caring for patients with schizophrenia can have negative consequences at home for their physical, psychological, social, and financial well-being, family caregivers should be well-prepared for this role (Annisa, F. (2016). [7]).

In Asian societies, the family is typically the "natural" caregiver under these kinds of conditions, with the spouse or parents typically fulfilling this role. Since Asian communities are typically closer-knit, it makes sense that those going through difficult situations, like juggling the demands of a mentally ill family member, would have greater access to social support (Stanley, et al. (2017). [8]).

Compared to the general population, It was discovered that those who care for people with mental illness have higher rates of problems with mental health (Cham, et al. (2022). [9]).

Reduced duration of inpatient stays and restrictions on forced hospital admissions put a greater strain within the family on the family members of those suffering from schizophrenia. Family members find that the two weeks leading up to the affected person's final hospital stay are the most taxing (Lauber, et al. (2022). [10]).

2. OBJECTIVES OF THE SCHOLARLY REVIEW :

The literature's objective review is to examine earlier research on schizophrenia patients and how it affects the care burden on their families. An extensive review among the written works on the burden of caregiving for schizophrenia patients is hinted at in this paper. An analysis and classification of the available and current literature on these variables are done in an effort to comprehend the relationship between the burden of care borne by family members and schizophrenia patients. The key objectives of this literature review are as follows:

(1) To determine the link between Burden of care among relatives and Schizophrenia patients
(2) To identify additional variables which influence burden of care among relatives of Schizophrenia patients.
(3) To determine the elements that affect burden among relatives of schizophrenia patients.
(4) To identify a research gap and search for opportunities to address the research gap.
(5) To evaluate the research agenda using six thinking hats analysis.

3. RESEARCH METHODOLOGY :

A number of online databases, including Google Scholar, PsyNet, PubMed, Academia, Research Gate, Z-Library, and other online resources, are consulted in the current study. These databases contain over 10,000 publishers with over a century's worth of papers published in journals with a very significant impact factors. There are three phases to this review. The first step involves identifying keywords to streamline the search process. Throughout the process, both whole keywords and keyword segments are used. Only peer-reviewed books and articles with full text written in English are included in this article. The articles are screened as the second step. Analysing the article's title, reference, explained content, and abstract will reveal how relevant it is. The relevant articles were chosen, and then a thorough inspection was conducted. The review is set up in a table format that emphasizes the impact, difficulties, deficiencies, and findings in the suggested field. This study includes citations from the 100+ articles listed above.

4. REVIEW OF LITERATURE/ RELATED WORKS :

This article describes the concept of Burden of care in relatives of patients of Schizophrenia in detail by analysing previous studies, and it is shown in below table.

Table 1: List of Previous studies on the concept of Burden of Care in relatives of patients of Schizophrenia.

Sl. No	Area & Focus of the Research	The result of the Research	Reference
1	Burden of care amongst caregivers who are first degree relatives of patients with schizophrenia	First-degree relatives of patients with schizophrenia who are caring for them bear varying degrees of caregiving burden. Early psychological intervention and routine screening could help to lessen these negative effects of providing care.	Inogbo, et al (2017). [11]
2	Burden of care among relatives of patients with schizophrenia in midwestern Nigeria	Schizophrenia patients' caregivers bear a heavy burden. This burden could be lessened With the assistance of public health education and focused interventions in the areas of employment, financial support, and other forms of assistance for people with mental illnesses.	Igberase, et al (2012). [12]
3	The burden of schizophrenia on caregivers: a review	The term "burden of care" is a slippery concept that is difficult to define and is usually criticized for being overly negative and general. Often, the effects and outcomes on caregivers are what best characterize the burden of care. The idea of "burden of care" encompasses not only the financial, psychological, physical, and emotional effects but also subtly upsetting ideas like guilt, shame, and embarrassment.	Awad, et al (2008). [1]
4	Burden of care and general health in families of patients with schizophrenia	Families of schizophrenia patients in rural Chile reported high levels of burden and associated functional and health impacts, just like families in developed nations. The study brought attention to the support needs of caregivers in environments with high rates of poverty and few access points to community and health services.	Gutiérrez-Maldonado, et al (2005). [13]
5	The Burden of Care: The Impact of Functional Psychiatric Illness on the Patient's Family	The impact of severe mental illness on other family members of the patient is reviewed in this paper's literature review. A patient's home requires a lot of work to provide proper care. Financial issues also often crop up and have an impact on the caring relative's social and recreational activities.	Fadden, et al (1987).[14]
6	Care load on Families of Schizophrenia Patients	All caregivers exhibit an extremely high level of stress, but mothers in particular—who are older, have less education, are unemployed, and tend to younger patients—show particularly high levels of burden.	Caqueo-Urízar, et al (2006).[15]
7	Burden of Care on Caregivers of Schizophrenia Patients: A correlation to personality & coping	The purpose of the current study is to investigate the relationship between the carer burden and several psychological parameters, such as the coping mechanisms, personality type, overall quality of life, and sociodemographic information of schizophrenia patients. It was noted that the caregivers' levels of burden were both moderate and high. Psychoticism and the	Geriani, et al (2015). [16].

		caregivers' overall life satisfaction was strongly connected with their burden. There was a noteworthy association observed between the caregivers' environmental health and their coping strategies as well as their extrovert personality type.	
8	Caregiver Burden and Satisfaction in Families of Individuals With Schizophrenia	Higher levels of caregiver burden were linked to female caregivers, higher family demands, a diminished sense of coherence, and lower mutuality; on the other hand, lower levels of self-reported burden were linked to being the affected individuals' friends, siblings, or close relatives. The caregiver's age, mutuality, and sense of coherence were all connected favorably with satisfaction. Satisfaction and burden had no discernible relationship.	Hsiao, et al, (2014). [17]
9	Family caregiver burden in mental illnesses: The case of affective disorders and schizophrenia – a qualitative exploratory study	The emotional, financial, physical, and routine constraints that accompany taking care of someone with a mental illness are often experienced by the caregivers (daily hassles). Lastly, it leads to disputes within the family. A common pattern of burden could be found among caregivers of affective disorders and schizophrenia, despite some differences in perceived burden.	Von Kardorff, et al (2016).[18]
10	A study of the family burden of 150 family members of schizophrenic patients	Practical, financial, and emotional burden is experienced by family members of schizophrenic patients, and the degree of this burden is closely associated with the patient's level of symptomatic behavior.	Lowyck, et al (2004).[19]
11	Burden Of Family Caregiver	Given that caring for patients with schizophrenia at home can have detrimental effects on their physical, psychological, social, and financial well-being, family caregivers should be adequately trained in this area. In order to improve both the mental health among the patients and the family caregivers, the nurse must identify the elements that may cause the family caregivers to feel burdened and involve them in the nursing process.	Annisa, (2016).[20]
12	Exploring the burden of the primary family caregivers of schizophrenia patients in Taiwan	The most significant factor influencing the degree of caregiver burden for individuals with schizophrenia was the physical and mental health of the primary family caregiver.	Hou, et al (2008).[21]
13	Caregivers' burden experienced by relatives living with a person suffering from schizophrenia.	Taking care of a family member with schizophrenia on a daily basis presents a number of challenges for family members and informal caregivers. Tiredness, disagreements, emotional distress, and even depressive symptomatology may result from this circumstance.	Cabral, et al (2016). [22]
14	Caring for the Caregivers: Mental Health, Family Burden and Quality of lie of Caregivers of patients with mental illness	Females made up the majority of primary caregivers for psychiatric patients (74%), and 56% of them spent more than 32 hours a week with the patient. A large percentage of caregivers (86% and 85%, respectively) scored higher than the HADS cutoff for anxiety and depression. The impact on	Imran, et al (2010).[23]

19		family routine and financial limitations were discovered to be important causes of family burden. The standard of living (QOL) of individuals providing patient care with mental illness was compromised.	
15	Psychological well-being and burden in caregivers of patients with schizophrenia	Moderate levels of burden were reported by 80% of the caregivers. Older caregivers and spouses had a higher burden ($r = 0.334$; $p < 0.0001$). Siblings ($p = 0.002$) had higher psychological well-being than older caregivers ($r = -0.44$) and those with lower educational status. The relationship between psychological well-being and burden was found to be strongly inverse ($r = -0.81$).	Gupta, et al (2015).[24]
16	Family Caregiver Burden in Schizophrenia: A Qualitative Study	Family functioning, financial difficulties, social isolation, emotional strain, caregivers' health, and medication refusal are among the areas of burden that have been identified.	Sreeja, J. A (2013).[25]
17	Correlates of caregiving burden in schizophrenia: A cross sectional, comparative analysis from India	Cross-sectional data from 75 primary caregivers of individuals diagnosed with schizophrenia and a reference group of caregivers of patients with general medical conditions were analyzed using a quantitative methodology. The results show that those who provide care for people with schizophrenia experience higher levels of burden, poor coping, and low social support.	Stanley, et al (2017).[26]
18	Burdens and Difficulties experienced by caregivers of children and adolescents with schizophrenia-spectrum disorders – a qualitative study	Emotional strains and the daily sacrifices and demands of caring for their dependents were the most frequently mentioned general areas of difficulty among caregivers. The findings also indicated that caregivers were heavily burdened by issues obtaining mental health services.	Knock, et al (2011).[27]
19	Size of burden of schizophrenia and psychotic disorders	Schizophrenia has a significant and complex toll. First and foremost, there are the direct costs related to providing care for people who have schizophrenia. The burden on caregivers, reduced productivity due to impairments and early mortality, and certain legal issues—including violence—are all included in the indirect costs.	Rössler, et al (2005).[28]
20	Family burden in schizophrenia: effects of socio-environmental and clinical variables and family intervention	Information was gathered on 144 patients and their important relatives. Relatives who were referred to Southern MHS had higher burden levels. The burden was found to be negatively correlated with the family's levels of professional support and had a favorable correlation with the patients' manic/hostility symptoms, disability, and BPRS positive scores. It was also discovered to have a positive correlation with the quantity of hours a relative spent in daily contact with the patient.	Magliano, et al (1998).[29]
21	Comparison of caregiver burden in schizophrenia and obsessive–compulsive disorder	In five areas—financial burden, disturbance of family routine, disruption of leisure, disruption of family interaction, and impact on physical health—caregivers of Schizophrenia patients had greater care burdens. Only the domain of disruption of	Oza, et al (2017).[30]

		family routine showed a statistically noteworthy higher score, though. Caregivers of OCD Individuals underwent noticeably greater levels of anxiety and insomnia, but caregivers of schizophrenia patients had higher psychiatric morbidity.	
22	Relationship between Caregiver Burden and Expressed Emotion in Families of Schizophrenic Patients	The families of the majority of schizophrenic patients bore the following care burdens: 36 people, or a mid-load burden; 34 people, or a light burden; 18 people, or no burden; and 12 people, or a substantial weight. The burden of treatment and expressed emotion are significantly correlated; the correlation coefficient is 0.004 ($p < 0.05$).	Nuralita, et al (2019). [31]
23	Association between Burden of Care, and Resilience among Family Caregivers Living with Schizophrenic Patients.	Family caregivers who bear a moderate to heavy load tend to be less resilient and have poor family functioning. The current study suggested using counseling as an intervention to help family members who look after those with schizophrenia become more resilient.	Mahmoud, (2011). [32]
24	Caregiver burden and the associated factors in the family caregivers of patients with schizophrenia	High levels of caregiving burden were reported by relatives who look after patients with schizophrenia; 38.2% among the caregivers believed that their role entailed severe burden. Regression analysis revealed that The subsequent variables showed statistical significance: predictors of caregiving burden: age, gender, level of education, and income, job loss from caregiving, relationship with patient, length of disease, and frequency of caregiving.	Rahmani, et al (2022). [33]
25	Psychological distress, perceived burden and standard of living in caregivers of persons with schizophrenia	The majority of caregivers had lower QOL and a high perceived burden. They also showed signs of severe depression and anxiety. Positive and negative symptoms in addition to the duration of the illness were correlated given the standard of living of the patients, but patient characteristics like age, gender, symptoms, and illness duration did not affect the caregivers' perception of the burden.	Stanley, et al (2017). [35]
26	Determinants of burden in caregivers of patients with exacerbating schizophrenia	The relationship between the burden and the affected, which reflects the changes in that relationship during acute illness, is the most significant predictor of burden. Other elements that weren't associated with aggression or substance abuse were threats, annoyances, spending time with the affected, and the burden resulting from a restricted social life and leisure activities.	Lauber, et al (2003). [10]
27	Caregiver burden among relatives of patients with schizophrenia in Katsina, Nigeria	Using a sociodemographic data collection sheet and the Zarith Burden Interview (ZBI), 129 principal caregivers for individuals with schizophrenia who took part in the outpatient clinic of Katsina State Psychiatric Hospital were interviewed. 47.3% of respondents had a high degree of burden. The size of the household and the place of residence had a noteworthy effect on the burden experienced.	Yusuf, et al (2009). [34]

28	Burden And Coping In Caregivers Of Persons With Schizophrenia	Taking care of a family member who suffers from schizophrenia is a constant source of stress and burden. There were 24 parents and 24 spouses in the sample. The Burden Assessment Schedule (BAS) and the Coping Checklist (CCL) were employed to assess caregivers, and the Global Assessment Scale (GAS) was employed to assess patients. Couples reported feeling more emotionally burdened. Spouses tended to use negative distraction techniques more often than denial as a coping mechanism.	Rammohan, et al (2002). [35]
29	Caregiver Burden and Satisfaction in Families of Individuals with Schizophrenia	Higher levels of caregiver burden were linked to female caregivers, higher family demands, a diminished sense of coherence, and lower mutuality; on the other hand, lower levels of self-reported burden were linked to being the affected individuals' friends, siblings, or close relatives. The caregiver's age, mutuality, and sense of coherence were all connected favorably with satisfaction. Satisfaction and burden did not significantly correlate.	Hsiao, et al (2014). [17]
30	Burden on caregivers of patients with schizophrenia and related factors	The aim of the research was to look into the variables related to caregiver burden among family members of schizophrenia patients. The amount of money earned and the patient's level of functionality were found to be inversely connected with caregiver load, whereas time spent each day with the patient, their age, and the patient's hospitalization history were discovered to be positively correlated.	Yazici, et al (2016). [36]
31	Burden on Family Caregivers Caring for Patients with Schizophrenia	The aim of the research was to ascertain the frequency of the burden that relatives of patients suffering from schizophrenia reported. The degree of burden was connected with gender, age, and educational attainment, relationship to care recipient, length of caregiving, and duration of schizophrenia illness.	Shamsaei, et al (2015). [41]
32	Burden on the families of patients with schizophrenia: results of the BIOMED I study	The burden, coping mechanisms, and social support system of a sample of 236 family members of schizophrenia patients. In every center, relatives who had fewer social supports and inadequate coping resources felt more burdened. Family members in Mediterranean centers were more resigned, had lower levels of social support, and were more likely to turn to spiritual assistance for solace.	Magliano, et al (1998). [42]
33	Review: Burden on Family Caregivers Caring for Patients with Schizophrenia and Its Related Factors	The most crucial person providing care for a patient with schizophrenia is their family caregiver. But, if care is given for an extended period of time, the person may feel burdened. The findings indicated that caregivers for individuals with schizophrenia bear a burden. According to one definition, burden is the detrimental effects that providing care for an impaired person has on a caregiver's activities (objective burden) or feelings	Rafiyah, I. (2011). [43]

		(subjective burden) related to their emotional, physical, social, and financial well-being.	
34	Objective burden among primary caregivers of persons with chronic schizophrenia	The tense relationships within the household and the physical and emotional issues of the primary caregiver were the general negative consequences that were most frequently identified. The emotional difficulties of the primary caregiver, the disruption of the primary caregiver's work, and the disruption of the lives of other adults in the household were the most common adverse effects that were directly linked to the sick relative.	Provencher, H. L. (1996). [44]
35	Living with a Schizophrenic Patient: A Comparative Study of Burden as It Affects Parents and Spouses	Despite some obvious parallels, parents and spouses view the caregiver load differently. The study finds that the subjective burden experienced by parents and spouses is influenced by schizophrenic disorder symptoms as well as distinct family roles.	Jungbauer, et al (2002). [45]
36	Caregiver Burden, Family Treatment Approaches and Service Use in Families of Patients with Sch izophrenia	The concept of "family burden" has been used for the past few decades to describe what it's like for relatives to look after a mentally ill relative. The intricacy and multifaceted character of the caregiving experience are overlooked in the definitions and operationalization of this experience into subjective and objective components. Apart from the challenges of putting the caregiving experience into words, family interventions have not addressed the myriad of problems and problems that impact individuals who are taking care of mentally ill relatives.	Glanville, et al (2005). [46]
37	Family burden in long-term diseases: a comparative study in schizophrenia vs. physical disorders	Relatives of patients with schizophrenia reported significantly less social support and assistance in times of need than relatives of patients with physical illnesses. Relatives in the schizophrenia group who claimed to have received less assistance from professionals and their social network had significantly higher objective and subjective burdens.	Magliano, et al (2005). [47]
38	Caregiving burden in family caregivers of patients with schizophrenia: A qualitative study	The study's findings show that family caregivers of individuals with schizophrenia face a variety of issues linked to having many responsibilities during the caring process and difficulties when trying to provide mental health services.	Tamizi, et al (2020). [48]
39	Caregiver Burden and Coping in Schizophrenia and Bipolar Disorder: A Qualitative Study	Over the course of roughly a year, focus group discussions (FGDs) with the caregivers were used to conduct qualitative assessments. Caregivers reported feeling burdened in a variety of ways, such as how it affected the functioning of the family, social isolation, money issues, and health. They employed a variety of coping mechanisms, such as growing in empathy when providing care, holding out hope for an improved future, growing in faith in God, engaging in religious activities, and lending support to others going through a similar situation.	Ganguly, et al (2010). [49]

40	Care of Schizophrenic Patient is a Burden among Primary Caregivers: Review Article	The findings indicated that caregivers for individuals with schizophrenia bear a burden. According to one definition, burden is the detrimental effects that providing care for an impaired person has on a caregiver's activities (objective burden) or feelings (subjective burden) related to their emotional, physical, social, and financial well-being.	Balasubramanian, N. (2013).[50]

5. CURRENT STATUS & NEW RELATED ISSUES :

Greater degrees of caregiver stress were linked to female caregivers, higher family demands, a diminished sense of coherence, and lower mutuality; on the other hand, lower levels of self-reported burden were linked to being the affected individuals' friends, siblings, or close relatives. The age of the caregiver, mutuality, and sense of coherence were all connected favorably with satisfaction. (Hsiao, et al. (2014). [39]). Family caregivers for those who have schizophrenia face a complex issue that is influenced by a number of variables. According to Lauber's (2003) research, the caregiver-affected person relationship is the most important predictor of burden, especially in the context of an acute illness. (Lauber, et al. (2022). [10]). Hsiao (2014) found that having siblings or close friends or relatives who are affected was linked to less burden, whereas having female caregivers, higher family demands, a diminished sense of coherence, and lower mutuality were all connected to increased burden. (Hsiao, et al. (2014). [17]). Caqueo-Urízar (2006) drew attention to the high burden that caregivers in developing nations bear as a result of inadequate social welfare and community rehabilitation programs. (Caqueo-Urízar, et al. (2006). [15]). Magliano (1998) highlighted how cultural variables affect coping mechanisms and family load, pointing to the necessity of socially conscious family interventions. When taken as a whole, these studies emphasize the necessity of specialized care and interventions to alleviate the caregiving burden on family members of schizophrenia patients. (Magliano, et al. (1998). [42]).

The connection between the burden and the affected, which reflects the changes in that relationship during acute illness, is the most significant predictor of burden. Other elements that weren't associated with aggression or substance abuse were threats, annoyances, spending time with the affected, and the burden resulting from a restricted social life and leisure activities.

6. IDEAL SOLUTION, DESIRED STATUS AND IMPROVEMENTS REQUIRED :

The burden of care notable prevalence among family members of schizophrenia patients issue, particularly in developing countries. Studies in Chile (Caqueo-Urízar, 2005), Nigeria (Yusuf, 2009; Igberase, 2012), and Germany (Lauber, 2003) have regularly discovered elevated levels of burden, with factors such as age, gender, employment, and patient symptoms influencing the experience. (Caqueo-Urízar, et al. (2006). [15]), (Yusuf, et al. (2009).[34]), (Lauber, et al. (2022). [10]).

It is clear that family interventions, psychosocial support, and mental health monitoring are necessary. It is also critical to discuss the matter of financial and employment support for patients and caregivers. Research and intervention are needed in this important area to better comprehend the partnership between caregiver burden and the patient's behavioral disturbances, especially when the individual receiving care is hospitalized.

Taking care of a relative who experiences schizophrenia is a constant source of stress and burden. Spouses tended to use negative distraction techniques more often than denial as a coping mechanism. An examination of stepwise regression demonstrated that the caregiver's use of denial as a coping mechanism and the patient's age, educational attainment, and functioning level were highly reliable indicators of caregiver burden. The study emphasizes how family intervention programs must take caregivers' unique concerns into account. (Rammohan, et al. (2002). [35]).

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Eight factors connected to burden were found by the systematization of information and frequency analysis, and they were discovered in nearly all of the reviewed literature: Family treatment programs, ethnicity, expressing feelings, feeling stressed and burdened, the caregiver's preoccupations, the type of caregiver, social support, financial resources, and coping mechanisms. (Caqueo-Urízar, et al. (2014). [53]).

7. RESEARCH GAP :

An extensive inventory of unmet research needs regarding the burden of care for family members of schizophrenia patients.

"There was a statistically significant correlation between the depressive symptomatology and the difficulty that the family caregivers.", "Analyze to what extent can socio-demographic, clinical and environmental variables interfere with the burden felt by relatives residing with someone suffering from schizophrenia; To investigate the relationship between a depressive mood state and the the family's burden members who live with individual suffering from schizophrenia were our objectives". (Cabral, et al (2016). [22].

"These ethnic differences remain after controls for income, gender, age, diagnosis, perceived stigma, and co residence.", "Families with participants who experience mental illness bear an increased burden of caregiving due to the policy of community care for the seriously mentally ill. (Horwitz, et al. (1995). [54]).

"Family burden on the domains of effect on others' Physical and mental health were significantly improved. for male patients, and on the domains of financial burden and effect on others' physical and mental health, for women, it was noticeably higher caregivers." "Results Caregiver stress and family load showed significant gender differences". (Yu, et al. (2018). [55]).

"Caregivers report that a schizophrenia diagnosis has strained their own emotional health, reduced their ability to have a satisfying personal life, and disrupted their family life." , "Responses to the survey were categorized into distinct areas, such as symptoms displayed upon diagnosis, available treatment alternatives and the use of long-acting injectable (LAI) antipsychotic drugs, attitudes toward treatment adherence, obstacles faced by patients and caregivers, informational resources used, and topics related to education and information for caregivers. (Citrome, et al. (2022). [56]).

"Factors affecting caregiver physical health include muscle strain and musculoskeletal injury from caregiving activities, and neglect of personal health-related activities, such as diet and physical exercise.", "Interventions that target caregiver strain (i.e., time and effort to conduct disease-related caregiving tasks) and psychosocial health could also contribute to positive outcomes in care recipients' health and quality of life". (Grady, et al. (2015). [57]).

The ways in which families of people with schizophrenia make financial and caregiving plans for the future, as well as long-term care, are not well studied. Please be aware that although I am able to offer you a list of possible research gaps, the real process of identifying gaps in knowledge usually entails a thorough examination of the body of existing literature. The recommendations listed above may not have been thoroughly studied in the area of giving medical attention to patients who have schizophrenia, but they are based on common themes.

8. RESEARCH AGENDA :

The primary method used in this study is secondary sources to examine the burden faced by family members of schizophrenia patients. A number of scholarly works have been examined to determine the degree of caregiver burden.

9. ANALYSIS OF RESEARCH AGENDAS :

The literature reports an increased burden of caregiving due to the policy of community care for the seriously mentally ill, despite the fact that numerous studies on the burden of caregivers of those with severe mental illness, such as schizophrenia, have been published. According to caregivers, learning that their relative has a mental disease has impacted them personally emotional well-being, made it harder for them to lead fulfilling personal lives, and caused disruptions in their families.

10. RESEARCH TOPIC :

Because there is a dearth of research in this area, the topic "Burden of Care among Relatives of Patients with Schizophrenia" is crucial because it focuses on the burden that caregivers bear. Caregivers for schizophrenia patients bear a heavy burden.

11. THE RESEARCH PROPOSAL'S ABCD ANALYSIS :

ABCD analysis is a powerful method with a high degree of subjectivity created by P. S. Aithal et al in 2015 that able to be applied to assess a variety of models and processes. ABCD stands for Advantages, Benefits, Constraints, and Disadvantages. It is a straightforward and scientific method for examining diverse models along with systems (Aithal, et al. (2015). [53]), (Aithal, et al. (2016). [54]), (Aithal, et al. (2017). [55])

Advantage:

Research may identify specific needs of caregivers, providing a nuanced understanding of the challenges they face in caring for individuals with schizophrenia. The study might explore the relationship between caregiver burden and patient outcomes, supporting a holistic comprehension of the dynamics within families affected by schizophrenia.

Studies have indicated that offering care is a complicated process that involves both positive and negative emotional responses, as well as unmet needs like timely, pertinent, and helpful information and societal barriers like stigma and isolation. It is possible to address the effects of the illness and caregiving by attending to the needs that caregivers have identified, which will lessen the negative emotions connected to the caregiver role (Cleary, et al. (2020). [56]).

Benefits:

These results provide insightful information into the experiences of first-time caregivers of young people experiencing their first episode psychosis. These revelations directly affect enhancing the support and information provided by FEP services to caregivers, additionally for the creation of interventions that successfully address the particular difficulties that caregivers encounter after the onset of FEP (McCann, et al. (2011).[57]).

Its study offers a wide range of advantages, including Improved Understanding of Caregivers Need, tailoring support programs, quantification of burden, impact of caregiver mental health, association with patient outcomes, policy implications, resource allocation strategies, prevention of burnout, comparative analysis of interventions

Constraints:

Limited generalization is a common research constraint resulting from differences in socioeconomic factors, healthcare systems, and cultural contexts. Results from one study might not be relevant to other populations or environments in general. A prevalent limitation in researching the care burden among family members of individuals with schizophrenia is the subjective nature of burden evaluation. Variations in the perception and reporting of the burden among caregivers may result in disparities in the findings of studies.

Disadvantages:

A common disadvantage in the literature on the burden of care among relatives of patients with schizophrenia is the scarcity of longitudinal studies. Limited long-term follow-up data may hinder the understanding of the evolving nature of caregiver burden over time.

Stigma among women with schizophrenia appears to play a major role in help-seeking, caregiver burden and issues such as marriage and parenting. Gender-sensitive care and practices are few and not well documented. Research in the area of psychoses in children and adolescents from LAMI countries is sparse and is mainly restricted to a few clinic-based studies. (Chandra, et al. (2012).[58]).

12. SIX THINKING HATS ANALYSIS OF THE RESEARCH PROPOSAL :

A few areas of the research proposal that require attention are as follows:

- How big should the sample be considering that data was collected from patients' relatives is also being done?
- Locating pertinent instruments that are appropriate for this research.
- How the instruments/questionnaire will be used to collect data.
- The researcher will receive cooperation from the sample, which consists of individuals with mental illness and their family members or caregivers, when it comes to data analysis.

- There is a great stigma attached to mental illness, and it may necessitate upholding other ethical standards like strict confidentiality.
The primary question is: Should this study use an experimental or cross-sectional design?
- Which statistical tests should be applied when analysing data.

13. SUGGESTIONS TO IMPLEMENT RESEARCH ACTIVITIES ACCORDING THE PROPOSAL :

Choosing the universe, calculating sample size using the formula, selecting the appropriate sampling strategy, obtaining data collection instruments, and utilizing statistical techniques to analyze data are all examples of research activities.

14. LIMITATIONS OF THE RESEARCH :

Studying the burden of care among relatives of patients with schizophrenia has its challenges and limitations. Here are some common limitations.

- Sampling bias: Non-representative samples may result in limitations because the research population might not fairly represent the variety of relatives of people with schizophrenia.
- Cross-Sectional Nature: A lot of research are cross-sectional, meaning they take a moment in time. This makes it more difficult to study how caregiver burden changes over time, missing important shifts.
- Self-Reported Measures: A reliance on self-reported measures may result in biases because people may overreport or underreport their burden because of emotional or socially desirable traits.
- Variability in Definitions: Cross-study comparisons may be difficult if caregiver burden is not uniformly defined in different research, leading to different interpretations and measurements.
- Cultural Variations: Perceptions of mental illness and providing care vary across cultures, which could restrict the applicability of research results in different cultural settings.
- Heterogeneity of Schizophrenia: Since schizophrenia is a heterogeneous disorder with widely differing trajectories and severity of symptoms, variations in Caregiver stress might arise from this.
- Limited Focus on Positive Aspects: Numerous research tend to concentrate on the negative aspects of being a caregiver, possibly ignoring the positive aspects like improved empathy or personal development.
- Recall Bias: Studies that look back may be subject to recall bias because caregivers might not recall the precise manner in which much or how long their burden has been on them.
- Limitation in Intervention Research: Because study designs vary, it can be difficult to determine the efficacy of interventions and establish definite cause-and-effect relationships.
- Long-Term Effects: Certain research may not have looked closely at the long-term effects of caregiving, particularly in light of the caregiver's own mental and physical health and quality of life.

Limitations draw attention to areas that need to be improved in order to improve the validity and applicability of future research on the care burden among family members of patients with schizophrenia.

15. CONCLUSION :

This study aimed to conduct a comprehensive review of the literature regarding the care burden experienced by family members of individuals suffering from schizophrenia.

A multitude of factors influence the caregiving burden experienced by family members of individuals with schizophrenia, making it a complicated and diverse matter. Both Caqueo-Urízar (Caqueo-Urízar, et al. (2014). [15]) and Rafiyah. I (Rafiyah, I. (2011). [39]), emphasize the substantial effect of this load on caregivers. They identified eight crucial components, such as coping mechanisms and social support. Further highlighting the detrimental effects on caregivers' mental, physical, and financial health, as well as the significance of stigma and the requirement for burden-reduction interventions, are Balasubramanian (Balasubramanian, N. (2013). [46]), and these results highlight the necessity of an all-encompassing strategy to assist carers, which should include resource provision and the creation of focused interventions.

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