

Burnout of Primary Family Caregivers in Caring Schizophrenic Outpatient: A Cross-Sectional Study in Indonesia

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ABSTRACT

OBJECTIVE: To identify the burnout experienced by primary family caregivers.

METHODOLOGY: This cross-sectional study was conducted among 250 primary family caregivers who took care of Schizophrenic outpatients. The data was collected from August - September 2024. The sampling technique used was convenience sampling, focusing on family members who care for patients with Schizophrenia receiving treatment at the Outpatient Unit of Aceh Psychiatric Hospital and are over 20 years old. The data collection technique used in this study was a structured interview. The instruments included a demographic questionnaire and a Maslach Burnout Inventory (MBI) questionnaire. The frequency and percentage are used to analyze the data from this study.

RESULTS: The result showed that primary family caregivers experienced a low level of burnout (60.4%). Sub-variable personal achievement showed a more primary family caregiver at a high level than a moderate level.

CONCLUSION: The primary family caregiver has experienced a low level of burnout over the past year. However, the burnout of personal achievement was the most significant contributor to high levels of burnout compared to other factors, making it a key area to address. It is recommended that primary caregivers manage this burnout by sharing caregiving responsibilities with other family members to maintain their well-being.

KEYWORDS: burnout, primary family caregiver, Schizophrenia, psychiatric outpatient, caring

INTRODUCTION

Schizophrenia is a chronic and severe mental health disorder that requires special attention from all segments of society, especially from family members who act as caregivers. In 2023, the prevalence of Schizophrenia in Indonesia is 3%, while the prevalence in Aceh is 4%¹. The high prevalence of Schizophrenia impacts Primary Family Caregivers (PFC), who are responsible for caring for family members with this condition.

PFCs, often called caregivers, are the primary informal caregivers (family members, parents, siblings, friends, or neighbours with a personal relationship with the patient) who provide intensive care². Caregivers have the task of assisting with mobility, communication, self-care, and emotional and psychological changes of patient³. Caregivers who are unable to adapt to caring for a family member with Schizophrenia may experience emotional burnout, such as anger, dissatisfaction, and stress⁴. Additionally, caregivers face physical burnout as they spend more time caring for the patient, leaving them with insufficient time to rest, resulting in excessive fatigue, sleep problems, and reduced interaction with their surroundings⁵.

PFC of Schizophrenic outpatients experience high

levels of burnout⁶. The burnout experienced by PFCs disrupts their psychological and psychosocial well-being, leading to less effective patient care. This makes it challenging to prevent relapse in patients with Schizophrenia who are cared for by primary family caregivers⁷. Caregivers also may experience a decrease in quality of life while taking care of clients with Schizophrenia⁸.

The prevalence of burnout among PFC in caring for schizophrenic outpatients is higher compared to other chronic diseases⁹. A study in Egypt found high burnout scores among caregivers due to some factors such as poor mental health support, financial burden, and stigma¹⁰. However, research on aspects related to burnout among PFCs in caring for schizophrenic outpatients is still minimal. Several factors associated with caregiver burnout include coping strategies, sociodemographic factors, and anxiety. Additionally, sociodemographic factors such as age, duration of mental illness, gender, marital status, occupation, and education level can influence burnout^{11,12}.

PFCs are involved in various aspects of caring for Schizophrenic outpatients, including meeting the patient's basic needs, providing medical care, and addressing the patient's emotional needs¹³. Thus, PFC plays a crucial role in ensuring that patients with Schizophrenia receive appropriate therapy, have their physical and emotional needs met, and maintain a good quality of life. This research is expected to identify burnout in PFC, helping them understand the risks of burnout that may occur while caring for patients with Schizophrenia and how to manage it.

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Therefore, the researcher was interested in conducting a study on burnout among PFCs in caring for Schizophrenic outpatients in Aceh, Indonesia.

METHODOLOGY

Study Design

The research design used in this study is quantitative with a cross-sectional approach, meaning that data collection is conducted at a single point.

Population and Sample

The population in this study was PFC, who take care of Schizophrenic outpatients at the Aceh Psychiatric Hospital. Based on an interview with the Head of the Outpatient Unit at the Aceh Psychiatric Hospital, the number of visits over the past 3 weeks in that month was 400 PFC. Based on the Isaac and Michael table, the sample size for a population of 400 at a 1% tolerance level was 250. The sampling technique used was convenience sampling. Convenience sampling is a technique for selecting respondents as samples freely based on chance, specifically PFC who coincidentally go to the outpatient unit of the psychiatric hospital to bring patients for treatment according to the established criteria. The criteria for this study were that the respondents are family members who care for patients with Schizophrenia receiving treatment at the Outpatient Unit of Aceh Psychiatric Hospital and are over 20 years old.

Instrument

Two instruments were used in this study. First, sociodemographic factors of PFC in caring for patients with Schizophrenia consist of questions about age, gender, marital status, education, occupation, monthly income, number of family members in the household, length of illness, hospitalization, and dosage frequency of medicine. Second, The Maslach Burnout Inventory (MBI) questionnaire is used to measure burnout of primary family caregivers. Maslach, Jackson, and Leiter developed this questionnaire comprising 22 statement items with a 7-point Likert scale ranging from 0 for 'never' to 6 for 'every day.' The MBI is divided into three sub-variables: emotional exhaustion with 9 statement items, depersonalization with 5 statement items, and personal achievement with 8 statement items¹⁴. The interpretation of scores for emotional exhaustion was low (≤ 17), moderate (18-29), and high (≥ 30). The interpretation of scores for depersonalization was low (≤ 5), moderate (18-29), and high (≥ 30). The interpretation of scores for personal achievement was high (≤ 33), moderate (34-39), and low (≥ 40). Meanwhile, the interpretation of scores for total burnout was low (< 5), moderate (5-6), and high (≥ 7). The data collection technique used in this study was a structured interview.

Data Analysis

This study conducted univariate analysis by categorizing each sociodemographic factor and burnout based on the measurement results. This was followed by analysis using descriptive statistical procedures (analyze, descriptive statistics,

frequencies).

Ethical Statement

The ethical feasibility test for this study was conducted at the Research Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala, in May 2024. It was approved on July 23, 2024 (code 113002280624). The respondents signed the informed consent and participated in the study voluntarily.

RESULTS

Characteristics of Respondent

The result showed that most of the participants were female (70.8%), aged in the adult category (46.8%), majority of respondents attended senior high school (41.6%), married (67.2%), had occupation (54.8%), and monthly income less than 1,500,000 IDR (53.2%). Most participants had family members from one to five in the household (66.8%). Moreover, most participants took care of Schizophrenic outpatients who had a length of illness of fewer than five years (36%), experienced hospitalization less than 5 times (54.4%) and took medication two times per day (64%).

(Table I)

Burnout of Respondent

Based on data analysis, the majority of participants had a low level of burnout (60.4%) in caring for schizophrenic outpatients as their family members. According to sub-variables of burnout, personal achievement had more participants with a high level of burnout than those with a moderate level. (Table II)

Table I: Characteristics of Respondents

Characteristics	f	%
Gender		
Female	177	70.8
Male	73	29.2
Age (Years)		
18 – 25 (Late Teenage)	31	12.4
26 – 35 (Early Adult)	54	21.6
36 – 45 (Late Adult)	63	25.2
46 – 55 (Early Elder)	48	19.2
56 – 65 (Late Elder)	39	15.6
> 65 (Senile)	15	6.0
Education		
No formal education	0	0.0
Elementary school	24	9.6
Junior high school	43	17.2
Senior high school	104	41.6
University	79	31.6
Marital Status		
Single	48	19.2
Married	168	67.2
Widow/widower	34	13.6
Occupation		
Yes	137	54.8
No	113	45.2

Monthly Income (IDR)		
< 1,500,000	133	53.2
1,500,000 – 2,900,000	59	23.6
3,000,000 – 4,500,000	47	18.8
> 4,500,000	11	4.4
Number of Family Members in Household		
1 - 5 members	167	66.8
6 - 10 members	83	33.2
Length of illness		
1 - 5 years	90	36.0
6 - 10 years	51	20.4
11 - 15 years	33	13.2
16 - 20 years	34	13.6
21 - 25 years	20	8.0
26 - 30 years	13	5.2
31 - 35 years	1	0.4
36 - 40 years	2	0.8
41 - 45 years	4	1.6
46 - 50 years	1	0.4
51 - 55 years	1	0.4
Hospitalization (Times)		
Never	83	33.2
1 - 4	136	54.4
5 - 8	25	10.0
9 - 12	4	1.6
13 - 16	2	0.8
Dosage Frequency of medicine (times/day)		
One time	74	29.6
Two times	160	64.0
Three times	16	6.4

Table II: The Level of Burnout

Burnout Sub Variables	Low		Moderate		High	
	f	%	f	%	f	%
Emotional Exhaustion	197	78.8	39	15.6	14	5.6
Depersonalization	111	44.4	84	33.6	55	22.0
Personal Achievement	176	70.4	22	8.8	52	20.8
Burnout	151	60.4	62	24.8	37	14.8

DISCUSSION

PFC has a central role in helping Schizophrenic outpatients undergo treatment according to instructions from both doctors and nurses so that Schizophrenic outpatients' mental illness can be managed well. Besides that, PFC also helps Schizophrenic outpatients meet their daily needs. In carrying out those roles, PFC is faced with various demands and tasks of caring for Schizophrenic outpatients or the tasks of an individual. These demands become a source of conflict that causes tension and pressure; it can cause anxiety, stress, frustration, depression and burnout in PFC. Generally, burnout is a psychological tension related to chronic stress experienced by an individual day after day and characterized by physical, mental and emotional fatigue.

In this present study, the burnout experienced by PFC while taking care of Schizophrenic outpatients was at a low level (60.4%). These results differ from a previous study, which showed that family caregivers experienced a high level of burnout taking care of Schizophrenic outpatients at home (63%)⁶. Another study conducted on family caregivers who cared for patients with Schizophrenia over an entire 6-month period showed that they had a high level of burnout¹⁰. The low level of burnout experienced by PFCs in this present study might be influenced by the fact that most of the PFCs who treated Schizophrenic outpatients were female (70.8%). Previous studies showed that there was a significant relationship between gender and burnout among family caregivers with Schizophrenic outpatient^{11,15}. The female is the informal primary caregiver for families, often designated by ideologies and endorsed by culture¹⁶. Females are more likely to provide that care than males¹⁷ to take care of physical and personal care, such as daily living activities, because they offer emotional support¹⁸, are empathetic, and know how to express themselves¹⁹.

Moreover, the age of family caregivers with Schizophrenic outpatients had a significant positive correlation with burnout¹¹. However, a negative correlation was shown between age and sub-variables of emotional exhaustion and depersonalization them²⁰. This means that as caregivers get older, their burnout decreases. In this present study, adult age may also influence the low level of burnout among PFCs with Schizophrenic outpatient (46.8%) because female PFCs take care of their family at a very young age and maintain its as they aged²¹ so that they have better abilities in carrying out caregiving when they are adults.

Furthermore, education also had a significant negative correlation with burnout among family caregivers of Schizophrenic outpatients²². Education is always related to knowledge. An individual will have more knowledge at a high level of education than a low level (such as elementary school). It can contribute to a positive individual's attitude and behaviour in caring for Schizophrenia patients so that burnout will be at a low level.

Besides that, the low level of burnout could be influenced by marital status. It is supported by previous studies that there was a relationship between marital status and burnout in family caregivers with Schizophrenic patients¹⁵. Family caregivers who are married have additional resources to provide caring toward Schizophrenic outpatients optimally⁹. In this present study, although the majority of PFC were married (67.2%) and had a job (54.8%), another family member can take care of Schizophrenic outpatients because most of them have at least four family members in the household. Having four members or

more affected the lower exhaustion emotion score as a sub-variable of burnout⁹.

On the other hand, PFCs in this study have an income of around 1,500,000 (IDR) to fulfil their daily needs since they have jobs. An income of 1,500,000 (IDR) is sufficient to meet daily needs. Family income may contribute to experiencing burnout on PFC. Based on a previous study, low family income correlated with high burnout among family caregivers with Schizophrenic outpatient¹⁰.

Clinical characteristics consisting of length of illness, hospitalization, and medicine dosage could contribute to burnout for PFC. Length of illness had a highly significant positive relationship with burnout of family caregivers²³. In this present study, most of the family members with Schizophrenia had a length of illness reaching 5 years (36%). In this situation, most patients know about their illness and manage the symptoms by following prescribed treatment. This will relieve burnout in family caregivers. Family caregivers who are caring for Schizophrenic outpatients with a length of illness 6 months have a high level of burnout⁶. Another study showed that the length of time caring for Schizophrenic patients is related to the period the caregivers need; therefore, they should spend special time caring for patients²⁴.

Meanwhile, family members with Schizophrenia have experienced hospitalization around 1 to 4 times until now. This illustrates that the symptoms of Schizophrenia can be controlled well because they follow the treatment according to instructions (medication adherence). A previous study by Saba and Muraraiah²⁵ showed a significant relationship between medication adherence and symptoms ($p < 0.05$). Therefore, the PFC does not need to spend much time caring for the patient throughout the day because the patient takes care of himself.

Likewise, the dosage of taking medication can affect burnout levels among PFC with Schizophrenic outpatients. Most Schizophrenic outpatients in this present study take medication two times a day (64%), followed by one time a day (29.6%). Usually, they take the medication three times a day. The researcher assumed that this makes it easier for the family to carry out their duties of giving medicines to the patients. As we know, the family caregiver has the role of helping Schizophrenic outpatients following the treatment²⁶. Therefore, PFCs have more time to do other things, such as individual or family duties, because the medication dosage is less than three times daily.

CONCLUSION

Burnout in PFC can be triggered by experiencing negative emotions and causing impulsive action. In this present study, PFC had a low level of burnout. This burnout includes emotional exhaustion, depersonalization, and personal achievement.

However, personal achievement had more participants with high levels of burnout than moderate levels. Although all of the sub-variables of burnout are low, some PFCs have experienced high and moderate levels of burnout. It is recommended to share the duties of PFC with other family member and support the Schizophrenic outpatients to take care of themselves regarding their daily activities and continue their treatment as prescribed to reduce burnout. It is hoped that mental health nurses can provide health education regarding burnout to PFC. For future studies, it is recommended that factors related to PFC burnout be determined and interventions to reduce burnout conducted.

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Data Sharing Statement: The corresponding author can provide the data proving the findings of this study on request. Privacy or ethical restrictions bound us from sharing the data publicly.

AUTHOR CONTRIBUTION

Novitayani S: Contributed to determining the concept, selecting measurement tools, doing data analysis, writing results, and discussion part.

Aiyub A: Contributed to research methodology at the beginning, writing abstract and conclusion.

Dineva R F: Contributed to research ethics, writing background and methodology part.

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