

The Impact of Burnout Among Families and Relatives of Psychiatry Patients: A Literature Review

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ABSTRACT

This literature review aims to explore the concept of burnout among families and relatives of psychiatry patients. The review will investigate the potential causes, consequences, and interventions related to burnout in this specific caregiving population. The findings of this review can contribute to a better understanding of the challenges faced by families and relatives and inform the development of supportive interventions and strategies to mitigate burnout and improve their well-being.

Keywords: burnout; families; relatives; psychiatry patients

INTRODUCTION

The provision of care for individuals with mental health conditions often extends beyond the realm of healthcare professionals to include families and close relatives. These individuals play a crucial role in supporting and caring for psychiatry patients, and their involvement significantly impacts the patient's overall well-being and treatment outcomes. However, the demanding nature of caregiving responsibilities can lead to burnout, adversely affecting the mental, emotional, and physical health of these family members and relatives. This literature review aims to examine the existing knowledge surrounding burnout in families and relatives of psychiatry patients, shedding light on its causes, consequences, and potential interventions. Moreover, owing to the observed deinstitutionalization of psychiatric patients, which has continued to occur over time, family and relatives are regarded as the important caregivers for major psychiatric disorder patients [1]. The existing literature and research conducted in this field has continuously showed that families and relatives shoulder a considerable burden related to caring for the psychiatric patients, and this is prone to impair the mental health and well-being of the family members and relatives [2].

The recent years have witnessed the development of numerous psychosocial interventions for the affected family members and relatives of psychiatric disorder patients, with the interventions varying from a single educational session to 15 and more sessions of exhaustive family interventions [3]. The target of certain interventions entails the prevention of relapse by the patients. Owing to the apparent association between the family and relatives' expressed emotion levels and potential relapse, the interventions developed focus on

reducing the expressed emotion levels through therapy, education and training. The studies that have focused on the efficiency of the interventions have indicated consistent and sturdy effect with regard to prevention of relapse [4]. The other interventions have been aimed at offering the necessary support to family and relatives.

The supportive interventions have become increasingly popular in recent years as a result of the psychiatrists and other professional's gradual realization that the responsibility and burden of care of psychiatric patients mainly lies with the family and relatives [5]. The other factor that has made supportive interventions popular includes the requests of various self-help family-based institutions for increased and improved support for families and relatives of patients. Such interventions have, therefore, been acknowledged to concentrate on enhancing the quality of life of the family and relatives through reduction of the burden and stress [6]. Additionally, recent studies have indicated that the interventions have the potential to effectively reduce the burden of the family and relatives [6, 7, 8]. Nonetheless, it is not fully clear how the effectiveness of the interventions is established by the aspects of design and content. Additionally, a recent meta-analysis that included 18 effect researches on the family interventions disclosed that the support interventions with below 12 sessions did not proffer any considerable effects on the burden on family and relatives [4, 9]. Nevertheless, other efficiency indicators were not identifiable.

The family interventions' content differs considerably. Further, a recent systematic review disclosed that a number of the family intervention incorporated educational

elements where information regarding mental disorder diagnosis, course, etiology, and treatments offered to the patients [10]. Education is the core element in various intervention, and include discussions, oral presentations, question and answer sessions, and written materials distribution. Also, 80% of the interventions focus on the management of mental disorder [10]. Nonetheless, variations have been noted in relation to the precise content of the educational aspect of the interventions. Generally, interventions comprise numerous divergent components that include training of the family and relative on problem resolution, stress management, and coping skills, along with sharing of advice and emotions, support and counselling [11].

Additionally, the psychoeducational intervention incorporates the therapeutic and educational goals, thereby providing moralistic materials regarding the patient's mental disorder alongside the treatment strategies to improve the family and relatives' coping and communication skills with the objective of reducing the probability and rate of relapse by the patient. Nevertheless, the recent family education offered to relatives of psychiatric patients is different from the psychoeducational interventions as its main objectives are supportive and didactic as opposed to therapeutic [12]. Interventions are targeted at enhancing the quality of life of the psychiatric patient's family members and relatives through reduction of stress and burnout burden, and are secondarily meant to benefit the patients [13]. The family and relatives' interventions quality can be enhanced through concentration on the components that make up the objective burden closely associated with subjective burden. In this regard, Ae-Ngibise et al. has defined objective burden as burnout that results from the severity of the patient's symptoms, the mental illness' duration, and the various sociodemographic variables that include degree of kinship, education level, age, and gender [14]. Such sociodemographic aspects are associated with the actual changes in the family functioning, including alterations in professional activities, increment in duties, and deterioration in the health of the caregiver (family or relative) [15]. Consequently, subjective burden has been described a burnout experienced by family or relatives of the psychiatric patient, which is related to their (family or relative) mental functioning, including the feeling of exhaustion, despondency, tension, anger, and loss of an important thing in life [12].

The initial researchers to effectively discern the burden's subjective and objective dimensions were Hoenig and Hamilton [16 - 18]. Mak and Cheung have recently described the objective and subjective burdens in an inclusive conceptual framework [19]. Thus, objective burden has been described as implying the behaviors and symptoms of the psychiatric patient within the social contexts, alongside their outcomes. The objective burden's components include disruption of the family's career and leisure times, disruption of household routines, social support reductions, and strain on the familial relations. On the other hand, subjective burden has been linked to the psychological outcomes of caring for a psychiatric patient, and entails the burnout, mental health, and subjective stress experienced by the relatives and family members.

However, a limited number of researches have focused on the objective burden's components that predict subjective burden in family and relatives of psychiatric patients.

In this regard, Van Der Sanden observed that the study conducted by Solomon and Draine evaluated the psychiatric patients' families and relatives' coping response and disclosed that the existing individual resources, which include the family's aptitude to aptly cope with the psychiatric disorder, was one of the key factors in the clarification of subjective burden, as well as that it is vital that the interventions concentrate on enhancing the behavioural response of the psychiatric patients' families and relatives to the mental disorders [17]. Several studies have also disclosed that subjective and objective burdens of the psychiatric disorders on the families and relatives are closely associated, even though the available proof is not fully conclusive [7, 20, 21]. It still remains understood the components of objective burden that are the most appropriate predictors of subjective burden on family and relatives of the patients.

MATERIALS AND METHODS

A combination of electronic database, bibliographic, and internet search of various retrieved research articles was conducted leading the identification of 42 out of 563 potential literature. The electronic database search was conducted on databases that include PubMed, Embase, Medline, Scopus, and Google Scholar. This systematic literature review was performed between 10th and 26th June, 2023. We conducted the initial literature search in addition to screening the articles from the different databases searched. Additional searches were conducted with the objective identifying any potential literature that might have been left out.

ELIGIBILITY CRITERIA

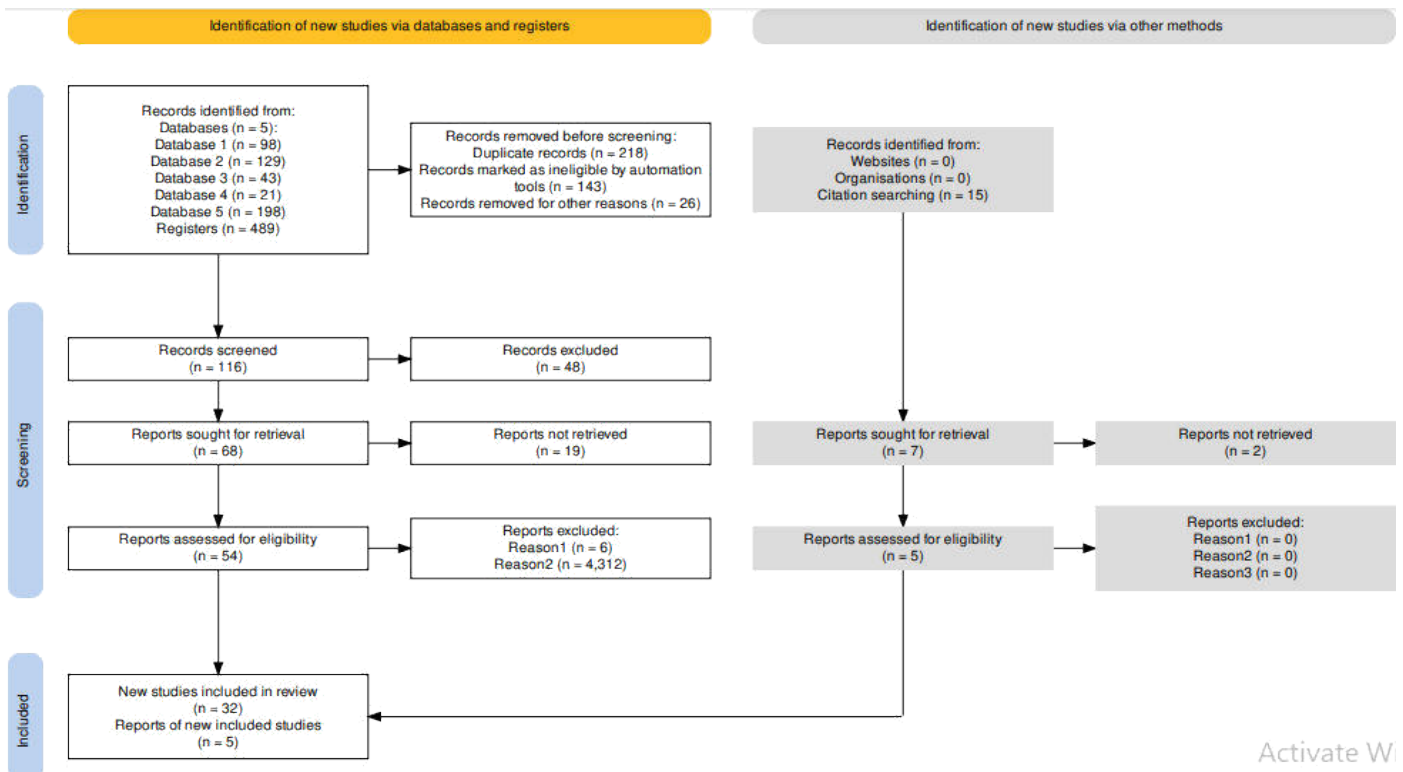
The review process was conducted using PRISMA and a PRISMA flow diagram developed. All peer-reviewed research articles published in English and on care provision conducted on families and relatives of individuals with different mental illnesses were included. Further, to be included, the articles had to be available in online databases and internet sources in journal articles forms. The systematic literature review included every kind of study, including observational and interventional researches which quantitatively assessed the various concerns associated with care provision within the familial, psychological, social, and physical care burdens, including expressed emotions, general functioning, and family resilience. The studies included were those published in the last two decades.

KEYWORDS AND SEARCH TERMS

A number of search terms were used along with a combination of three or even more words in the identification of potential studies for use in this literature review, including burnout in families and relatives of psychiatric patients, mental health challenges in relative and families of persons with mental illnesses, and stress and anxiety associated problems in family and relatives of persons with mental illness, among others.

EXTRACTION OF DATA EXTRACTION

For this literature review, we prepared a data extraction table after consideration of the literature review objectives. Some of the variables that were extracted entailed the author details, publication year, study objectives, settings and participants, variables evaluated and study design/type.



LITERATURE REVIEW

The scientific interest in relatives and family members of psychiatric patients has been founded on the search for various systemic factors that impact the start, course, and prognosis of mental disorders. At present, increased attention is paid to the family’s role as a major support source within the process of treatment, even as familial cohesion is regarded as an increasingly positive prognostic factor. A psychiatric patient always requires others people’s company in the process of recovery, which makes the family and relatives the source of important and socio-emotional support, always offering the necessary motivation for psychiatric rehabilitation and treatment.

Even though the concept of caregiving burnout was initially applicable to professional roles, modern day research has aptly disclosed that family members and relatives of individuals with mental disorders tend to suffer from burnout symptoms comparable to the symptoms experienced by professionals, including psychiatrists and nurses [22, 23]. The feeling of emotional exhaustion and drain does not only proffer adverse effect on the family and relative’s quality of life and is regarded as a risk factor to the relative’s and family’s mental problems, but additionally prompts negative defense mechanisms that adversely impact their involvement in the provision of care to the patient [24].

Chadda observed that families and relatives are at the core of caregiving for psychiatric patients [16]. Similarly, a study conducted by Pavitra et al. disclosed that family and relatives of the patient are tasked with taking care of all daily needs of psychiatric patients, including the assessment of their mental states, recognition of early symptoms and signs of mental illness, deterioration, and relapse, as well as assisting psychiatric patients to access treatment services [22]. Further, family and relatives are tasked with the supervision of treatment and provision of the necessary emotional support to psychiatric patients.

In performing the above-stated tasks, families and relatives have to bear the behavioral challenges of the patient, even as they may also be victims of the psychiatric patient’s aggressive and abusive behaviors. The relatives and families of psychiatric patients have to limit their leisure and social activities, and, at times, are forces to take job leaves in order to take care of their sick relatives [10]. Still, the family and relatives of the psychiatric patients are tasked with meeting the financial requirements of the patients apart from paying up for the treatment costs incurred. As such, the consistent stress related to offering care services to psychiatric patients is prone to negatively impact the mental and physical health of the family members and relatives, thereby leading to burnout [25].

A recent study conducted by Mak and Cheung disclosed that there was adequate evidence indicating that the subjective burden on family and relatives of psychiatric patients was high, with family and relatives indicating higher levels of exhaustion/burnout in comparison psychiatrists and nurses [19]. Moreover, the study disclosed that family and relatives taking care of psychiatric patients are prone to experience higher levels of psychosomatic symptoms, which corroborates the findings of the study conducted by Gonçalves Pereira et al. [26].

Still, various researchers have made attempts at evaluating the kinds of relationships that exists between the family/relatives and the psychiatric patient as a key determinant of the degree of care burden/burnout [10]. The study outcomes in the area have, however, been inconsistent despite indicating that the patient’s immediate family (spouses and parents) tend to shoulder the highest burden [10, 27, 28]. Family and relatives who develop the sense of being overwhelmed by their daily challenges normally present inadequate means for handling the crisis. The sense of denial, negative distraction, coercion, and avoidance always dominate [10].

Nevertheless, special focus has been placed on the family and relatives' appraisals along with their role in relation to the development of caregiver burnout and the recovery process for the mentally ill person. It has been disclosed that family and relatives who negatively appraise the mental disorder are highly prone to reported increased stress and burden levels [29]. For instance, negative cognitive appraisals have been noted to results from both the various depressive symptoms but additionally from the dearth of experience and knowledge, and might be particularly visible in instances where the mental illness symptoms first occur [14]. As such, it is very important for the families and relatives of the mentally ill patients to be offered the necessary support from the commencement of the process as a means of assisting them in finding the sense of the vital role that they play in the recovery process, as well as inform them regarding the potential positive results and prognoses.

Furthermore, the findings of the study conducted by Zhang et al., as well as Gonçalves Pereira et al. indicated that demographic attributes of the family and relatives and the psychiatric patient's disorder do not add considerably to subjective burden in comparison to the various objective burden elements [26, 30]. Moreover, recent studies have indicated that significant correlations exist between relatives and families of the patients and the patient's mental disorders. For instances, a recent study by Bastug disclosed that bipolar disorder patient's relatives and family are likely to experience less burnout compared to the other mental disorder patients' families, as well as that, in instances where the mental illness began two or more years earlier, the family members and relatives were highly prone to suffer increased degrees of burnout or subjective burden [24]. Such observations may be interpreted to imply that it is appropriate for support groups to be offered to divergent categories of families and relatives of the psychiatric patients based on the type of mental disorder, an aspect that has never been applied in practice [31]. Available evidence has also shown that subjective burden experienced by the mentally ill person's partner tends to be higher compared to the burden experienced by other relatives and caregivers [31]. Such findings may also be interpreted as implying that it is important for a psychoeducational group to be developed with the specific objective of catering for the psychiatric patients' spouses, given that their needs and issues tend to differ from those of relatives and friends.

Similar studies conducted in Poland have yielded comparable outcomes, indicating that the psychiatric patients' immediate family, including spouses, are the most affected as they declare regular concerns with regard to the patient's health, future and safety, in addition to the continuous efforts made towards motivating the patient to be active [32]. It has been approximated that close to 67% of family and relatives of mentally ill patients experience actual deterioration with regard to their health [10]. The family and relatives of mentally ill patients tasked with care provision often experience higher levels of stress, and are at risk of developing anxiety and depressive symptoms, as well as mental burnouts.

A recent study conducted by Al-Zahrani et al. disclosed higher rates of anxiety, stress, and depression among family, relatives, and caregivers of mentally ill persons [33]. Further, the study disclosed that depression was linked to long-term family and hospital care providers, even as anxiety was only linked to family care providers. The other psychological symptoms, including depression, anxiety, and stress, have been found to be high in family and relatives of mentally ill patients, aged 20 years or more, and this corroborates the findings of the present

literature review, which maintains that psychological burnout, marked by psychological symptoms like anxiety, depression and stress, are more pronounced in primary caregivers, including family and relatives [6]. Additionally, in the study conducted by Schulz and Sherwood, the different elements associated with the family or relative's physical health were reviewed and included the mentally ill person's behavioral problems, functional disabilities, cognitive impairments, safety requirements, as well as the patient and family/care provider co-residence [31]. Other notable physical challenges, including palpitations, fidgetiness, sleep deprivation, body ache, headache, cold and hot flushes, dizziness, and dry mouth are more pronounced in older family and relatives caring for mentally ill persons [31].

Lastly, various studies have disclosed that families and relatives are the silent victims with regard to provision of care for their relatives who are mentally sick. The degree/level of burnout in mental disorders has an impact on the family and relatives compared to other illnesses and conditions [12, 34]. In relation to the care associated burnout and burden, both the subjective and the objective burdens have been noted to play important roles in increasing the degree of distress. Thus, while the objective burden present measurable impacts on household economic burdens, disruptions, loss of social, leisure, and work roles of the family members, as well as the time used in negotiation of the psychological health, social welfare, medical, and at times the criminal justice system, the subjective burden entails the family or relatives' perspective of the care impacts. Thus, subjective burden entails the behavioral and emotional issues on the family or relative, including the sense of loss, anger, anxiety, depression, guilt, uncertainty, hatred, shame, sorrow, and embarrassment, all which lead to distress, suffering, exhaustion, and burnout [25]. Moreover, in various studies conducted in India, researchers have reported higher psychiatric morbidity levels among relatives and families of psychiatric patients, even as others have noted that, regardless of the higher burden levels, family and relatives reported normal range scores for the subjective well-being [16, 35-37].

RESEARCH LIMITATIONS

For this literature review, a number of limitations have been noted. For instance, the study did not include a conceptual mapping, which would have shown better correlations between the different studies. The other notable limitation includes the observation that the culturally specific problems related to caring for mentally ill persons was not taken into consideration in almost all the studies reviewed. Thus, in this systematic literature review, culturally specific problems, including the level and kind of stigma, cultural clarification of the mental illness and spirituality, were not taken into consideration. This would have enabled an in-depth understanding of the cultural aspects of the burden experienced by families and relatives of persons with mental illnesses, and how this leads to burnout. Lastly, the other notable limitation of the present systematic review entails the inclusion of less studies. Thus, only 37 studies were included and reviewed. An increased number of studies would offer a more comprehensive, in-depth and broader outlook to the family and relatives' problems.

Conclusion

In summary, the family interventions quality, in relation to provision of psychiatric care, can be enhanced through increased focus on the aspects of objective burden closely linked to subjective burden. In this literature review, we have disclosed that the psychiatric patient's family or relative's aptitude to effectively deal with the behaviour of

the patients, anxiety with regard to the patient, and the resultant strain on the existing relationships with the mental disorder patient were strongly linked to the subjective burden. To resolve the challenge of burnout experienced by family and relatives of psychiatric patient, psychoeducational support that trains them on the best way to cope with the patient's behavior and how to ascertain reductions in anxiety and depression, as well as how to enhance the relationship with the psychiatric patients and their aptitude to lessen the burnout burden.

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