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Life Satisfaction among Primary Caregivers of Patients with Schizophrenia: A Correlation Study

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ABSTRACT
Caregivers of individuals with schizophrenia often experience a substantial caregiving burden, which may adversely affect their physical and psychological well-being, including their life satisfaction. However, research examining caregiver life satisfaction in the context of schizophrenia and its association with sociodemographic, clinical, caregiving, and contextual factors is limited, particularly in the Indian setting. To assess life satisfaction among primary caregivers of patients with schizophrenia and examine its association with sociodemographic, clinical, caregiving, and phenomenological variables.This cross-sectional observational study was conducted at the Psychiatry Outpatient Department of a tertiary care centre after obtaining approval from the Institutional Ethics Committee. Data were collected from 112 primary caregivers of patients with schizophrenia using convenience sampling. Caregivers aged 18–65 years who had been residing with and caring for the patient for at least 6 months were included. Sociodemographic, caregiving, and relevant clinical information were collected using a semi-structured proforma. Life satisfaction was assessed using the Satisfaction with Life Scale (SWLS). Data were analysed using computerised software. Caregivers demonstrated low life satisfaction, with a mean SWLS score of 16.61. Caregivers of symptomatic patients had significantly higher mean SWLS scores than caregivers of asymptomatic patients ($p = 0.002$), indicating poorer life satisfaction in the former group. No significant associations were observed between life satisfaction and caregiver gender or employment status ($p > 0.05$). Primary caregivers of patients with schizophrenia often experience reduced life satisfaction, which is significantly associated with the symptomatic status of the patient. Routine assessment of caregiver life satisfaction and psychological distress, along with appropriate supportive interventions, may help improve caregiver well-being and enhance the overall quality of care provided to patients with schizophrenia.
Keywords: *life satisfaction, schizophrenia, primary caregivers, caregiver well-being.*

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INTRODUCTION

Schizophrenia is a chronic, debilitating psychiatric disorder characterized by distorted perception and thought patterns. It is typically characterized by a distinct cluster of positive, negative, cognitive, and affective symptoms. The disorder impairs an individual's ability to perceive reality accurately and adversely affects language, emotions, and social behaviour. These symptoms can result in significant functional impairment, limiting occupational performance and opportunities, while also impairing the ability to establish and maintain interpersonal relationships. The lifetime prevalence of schizophrenia is approximately 0.62%.[1] Schizophrenia is associated with considerable long-term financial, social, and health-related consequences, not only for affected individuals but also for their families, caregivers, and society at large. A primary caregiver often devotes substantial time and effort to caring for a family member with schizophrenia, frequently at the expense of their own personal, social, and occupational life.[2]

Many family caregivers continue to provide long-term care in the community despite the need for inpatient or institutional support.[3] Limited caregiver support and resources may leave caregivers feeling unprepared, thereby increasing caregiver burden and disrupting their daily lives.[4-6] Caregiver burden encompasses the physical, psychological, social, and financial demands associated with providing care.[7]

The burden tends to be greater when patients are male, younger, have more severe psychopathology, experience multiple hospitalizations or have a longer duration of illness.[8-11]
Caregiving is a multidimensional and complex process, and the patient's symptom severity and functional impairment may influence caregiver well-being more profoundly than the diagnosis itself.[12] Caregiving responsibilities can adversely affect caregivers' psychological functioning and their ability to fulfil personal aspirations and social roles. Such difficulties often coexist with anxiety, depression, and psychological distress. [12–14] The extensive responsibilities associated with caregiving frequently require additional time and effort, contributing to job loss, reduced social participation, and restrictions in leisure activities.[15] Consequently, caregivers of adults with severe mental illness often experience a substantial caregiving burden that negatively affects their quality of life.[16]
Emerging evidence suggests that greater caregiving burden among caregivers of patients with schizophrenia is associated with lower life satisfaction.[17,18] Higher caregiver burden has been reported among married and unemployed caregivers and among those caring for patients with a longer duration of illness.[17] In addition, many caregivers exhibit inadequate coping skills, poor quality of life, and limited social support.[18] Stress has both direct and indirect effects on life satisfaction in caregivers.[18] A comparative study demonstrated that female caregivers of patients with schizophrenia experienced significantly higher levels of stress and depression and lower life satisfaction than male caregivers. Furthermore, caregivers had significantly greater depression and stress and lower life satisfaction than non-caregivers.[19] Life satisfaction has also been shown to be positively associated with self-esteem, resilience, self-efficacy, and social support, while being negatively associated with stress, anxiety, depression, and perceived stigma.[20]
Life satisfaction is an important component of subjective well-being, although it has received comparatively less attention than other dimensions of psychological well-being. It represents an individual's overall cognitive evaluation of their quality of life according to personally defined standards and expectations.[21] Rather than reflecting a single domain, life satisfaction provides a global assessment of an individual's experiences across different stages of life and reflects perceptions of past, present, and anticipated future circumstances in relation to psychological well-being.[22]
Despite increasing recognition of caregiver burden in schizophrenia, relatively few studies have specifically examined life satisfaction among primary caregivers, particularly in the Indian context. Furthermore, evidence regarding its association with caregiver and patient-related characteristics remains limited. Therefore, the present study aimed to assess life satisfaction among primary caregivers of patients with schizophrenia and examine its association with sociodemographic, clinical, caregiving, and phenomenological variables.

MATERIAL AND METHODS

This cross-sectional observational study was conducted at the Psychiatry Outpatient Department of a tertiary care centre after obtaining approval from the Institutional Ethics Committee. A convenience sampling technique was used, and data were collected from 112 primary caregivers of patients diagnosed with schizophrenia. Participants included male and female caregivers aged 18–65 years who had been residing with and providing care for the patient for at least 6 months. Caregivers who could understand and communicate in Marathi, Hindi, or English and were willing to provide written informed consent were included. Caregivers with a diagnosed psychiatric illness, comorbid organic brain disorders (e.g., delirium or dementia), substance use disorders other than nicotine dependence, severe intellectual disability, or significant communication impairment that could interfere with completion of the study assessments were excluded.
Written informed consent was obtained from all participants after explaining the study objectives and procedures and assuring them of the confidentiality of the information collected. Sociodemographic and clinical data were collected using a semi-structured proforma. Information regarding caregiver age, gender, marital status, educational level, occupation, monthly family income, relationship to the patient, duration of caregiving, and relevant patient-related clinical variables was recorded.
Life satisfaction among caregivers was assessed using the Satisfaction with Life Scale (SWLS), a widely used five-item self-report instrument that measures an individual's global cognitive evaluation of life satisfaction based on their own standards rather than transient emotional states. Each item is rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher total scores indicating greater life satisfaction.
The collected data were entered into Microsoft Excel and analysed using computerised software. Descriptive statistics were used to summarize the sociodemographic and clinical characteristics of the sample and were presented as frequencies, percentages, means, and standard deviations. Appropriate inferential statistical tests were employed to examine the association between life satisfaction and

sociodemographic and phenomenological variables. A two-tailed p-value of ≤ 0.05 was considered statistically significant.

RESULTS

A total of 112 primary caregivers of patients with schizophrenia were included in the study. The mean age of the participants was 38.13 ± 10.22 years. Females constituted the majority of caregivers (63.39%), while males accounted for 36.60%. Most caregivers were graduates or above (41.96%), followed by those educated up to the 10th standard (25.89%) and 12th standard (25.89%), whereas only 6.25% had completed primary education. The majority of caregivers belonged to the Hindu religion (69.64%), with the remaining participants belonging to other religions (30.35%). Most caregivers were married (73.21%), followed by unmarried (24.10%) and divorced (2.67%) participants [Table 1].

As shown in Table 2, caregivers spent a mean of 2.56 hours per day providing care. The majority had no comorbid medical illness (83.03%), whereas 8.92% had hypertension, 6.25% had both diabetes mellitus and hypertension, and 1.78% had diabetes mellitus alone. Most caregivers (77.67%) were caring for patients who were symptomatic, while 22.32% were caring for patients who were asymptomatic. The mean Satisfaction with Life Scale (SWLS) score among caregivers was 16.61 ± 4.98.

Figure 1 illustrates the distribution of caregivers according to their relationship with the patient. Husbands constituted the largest proportion (29%), followed by wives (22%), sons (13%), sisters (11%), brothers (10%), daughters (5%), mothers (5%), and fathers (5%).

Table 3 compares the mean SWLS scores across various sociodemographic and phenomenological variables. No statistically significant differences in mean SWLS scores were observed according to caregiver gender (male: 17.49 ± 5.19; female: 16.10 ± 4.83; t = 1.43, p = 0.16), presence of medical illness (present: 17.74 ± 3.65; absent: 16.38 ± 5.20; t = 1.08, p = 0.28), or employment status (employed: 16.81 ± 5.42; unemployed: 16.21 ± 4.04; t = 0.60, p = 0.55). However, caregivers of asymptomatic patients had significantly higher mean SWLS scores (19.32 ± 5.26) than caregivers of symptomatic patients (15.83 ± 4.65) (t = 3.22, p = 0.002), indicating significantly lower life satisfaction among caregivers of patients who were currently symptomatic.

Table 1: Demographic details of study population

Parameter (N = 112)		**Mean ± S.D./ Frequency (%)**
Age in Years		38.13 ± 10.22 (18 - 59)
Gender	**Male**	41 (36.60%)
	Female	71 (63.39%)
Education	**Primary Schooling**	7 (6.25%)
	10th Standard	29 (25.89%)
	12th Standard	29 (25.89%)
	Graduate and above	47 (41.96%)
Religion	**Hindu**	78 (69.64%)
	Non-Hindu	34 (30.35%)
Marital Status	**Married**	82 (73.21%)
	Unmarried	27 (24.10%)
	Divorced	3 (2.67%)

Table 2: Phenomenological details of study population

Parameter (N = 112)		**Mean ± S.D./ Frequency (%)**
Time spent in caregiving daily (in hours)		2.56 ± 1.51 (0.5 – 7.5)
Medical Illness in caregivers	**None**	93 (83.03%)
	Hypertension	10 (8.92%)
	Diabetes Mellitus & Hypertension	7 (6.25%)
	Diabetes Mellitus	2 (1.78%)
Current Status of Mental Illness of Patient	**Asymptomatic**	25 (22.32%)
	Symptomatic	87 (77.67%)
SWL Score		16.61 ± 4.98 (5 – 28)

Figure 1: Relationship of caregivers with the patient

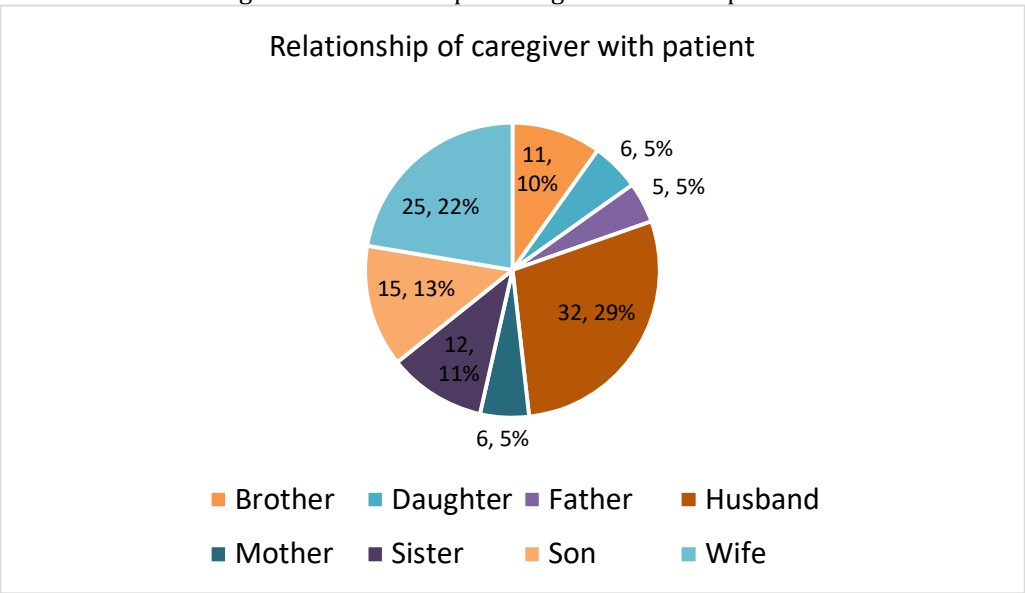


Table 3: Comparing means of SWL scores with various demographic and phenomenological factors

Parameter (N=112)		SWL (Mean ± S.D.)	t value, p value
Gender of caregiver	**Male (N=41)**	17.49 ± 5.19	1.43, 0.16
	Female (N=71)	16.10 ± 4.83	
Medical Illness in caregiver	**Present (N=19)**	17.74 ± 3.65	1.08, 0.28
	Absent (N=93)	16.38 ± 5.20	
Current status of mental illness	**Asymptomatic (N=25)**	19.32 ± 5.26	3.22, 0.002*
	Symptomatic (N=87)	15.83 ± 4.65	
Employment Status of Caregivers	**Employed (N=74)**	16.81 ± 5.42	0.60, 0.55
	Unemployed (N=38)	16.21 ± 4.04	

DISCUSSION

The present study explored life satisfaction among primary caregivers of patients with schizophrenia and its association with various demographic and phenomenological variables. Overall, caregivers reported reduced life satisfaction, highlighting the considerable impact of long-term caregiving on their subjective well-being. Caring for individuals with schizophrenia involves persistent emotional, physical, social, and financial demands, which can adversely affect caregivers' well-being and overall life satisfaction. Previous studies have similarly reported that caregivers of individuals with schizophrenia experience substantial psychosocial burden, reduced life satisfaction, and impaired subjective well-being as a consequence of prolonged caregiving responsibilities and associated stressors.[17,18] Awad and Voruganti (2008) demonstrated that schizophrenia places a substantial burden not only on patients but also on family caregivers, adversely affecting their emotional health, social functioning, and quality of life.[23] Likewise, Chan (2011) reported that caregivers frequently experience high levels of psychological distress, diminished well-being, and difficulty maintaining personal and social roles because of caregiving responsibilities.[24] Persistent caregiving demands, concerns regarding illness progression, uncertainty about the future, and reduced opportunities for personal and leisure activities may collectively contribute to lower life satisfaction among caregivers.

The present study also demonstrated that caregivers of patients who were currently symptomatic had significantly lower life satisfaction than caregivers of asymptomatic patients. This finding is consistent with previous research showing that greater psychiatric symptom severity is associated with increased caregiver burden and poorer psychological outcomes among family caregivers. [9,12,17] Active psychotic symptoms, including hallucinations, delusions, behavioural disturbances, agitation, and impaired functioning, often require continuous supervision and greater caregiver involvement. Such demands can interfere with caregivers' personal lives, relationships, leisure activities, and overall well-being, thereby reducing life satisfaction. Caqueo-Urízar et al. (2009) reported that symptom severity was a major

determinant of caregiver burden and family functioning, underscoring the influence of patient-related clinical factors on caregiver outcomes.[25] These findings reinforce the importance of effective symptom control and functional recovery, not only to improve patient outcomes but also to enhance caregiver well-being and life satisfaction.

No significant association was observed between caregiver gender and life satisfaction, although male caregivers demonstrated slightly higher SWLS scores than female caregivers. This finding differs from previous studies that reported lower life satisfaction and greater psychological distress among female caregivers.[19] Female caregivers often assume greater caregiving responsibilities because of traditional household and gender roles, potentially increasing their psychological burden. However, the absence of a statistically significant difference in the present study suggests that the challenges associated with caregiving may adversely affect both male and female caregivers to a similar extent. Differences in coping strategies, family support, cultural expectations, and individual resilience may account for variations in perceived life satisfaction.

Similarly, the presence of medical illness among caregivers was not significantly associated with life satisfaction. Although caregivers with medical illnesses had slightly higher mean SWLS scores, the difference was not statistically significant. While physical health problems may increase caregiving challenges, psychosocial factors such as coping ability, perceived social support, patient illness severity, and assistance from other family members may have a greater influence on caregivers' life satisfaction than medical comorbidity alone.

Employment status was also not significantly associated with life satisfaction. Although employed caregivers had marginally higher SWLS scores than unemployed caregivers, the difference did not reach statistical significance. Employment may provide financial security, social interaction, and a sense of personal identity that can enhance life satisfaction. Conversely, employed caregivers may experience additional stress while balancing occupational responsibilities with caregiving demands. These potentially opposing influences may explain the absence of a significant association in the present study.

The findings of the present study underscore the importance of caregiver well-being as an integral component of schizophrenia management. Although treatment traditionally focuses on symptom reduction and functional recovery in patients, comprehensive care should also address the needs of family caregivers. Routine assessment of caregiver life satisfaction and psychological distress during psychiatric consultations may facilitate the early identification of caregivers requiring additional support. Interventions such as psychoeducation, caregiver support programmes, stress management strategies, counselling, and family-focused care may help improve caregiver resilience, well-being, and overall quality of life. Furthermore, healthcare systems should develop structured support services to address the long-term challenges and unmet needs associated with caring for individuals with schizophrenia.

LIMITATIONS

The present study has several limitations. First, it was conducted at a single tertiary care centre, which may limit the generalisability of the findings. Second, life satisfaction was assessed using a self-reported questionnaire, which may be subject to reporting bias. Finally, other important psychosocial variables, such as caregiver burden, depression, anxiety, psychological distress, coping strategies, and social support, were not evaluated. Future multicentre studies involving larger and more diverse samples should incorporate these variables to provide a more comprehensive understanding of the factors influencing life satisfaction among caregivers of patients with schizophrenia.

CONCLUSION

The present study demonstrates that primary caregivers of patients with schizophrenia experience reduced life satisfaction and that this is significantly associated with the patient's current symptomatic status. These findings underscore the importance of adopting a holistic approach to schizophrenia management that addresses not only the clinical needs of patients but also the emotional and psychosocial well-being of caregivers who provide long-term support throughout the course of the illness. Routine assessment of caregiver well-being and timely supportive interventions may enhance both caregiver quality of life and the overall effectiveness of patient care.

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