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Professional Quality of Life Among Caregivers of Individuals with Psychosis in Pakistan: Assessing Compassion Satisfaction, Burnout, and Compassion Fatigue

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Abstract

Background: Caregivers of individuals with psychosis face significant emotional and psychological challenges, particularly in low- and middle-income countries (LMICs) like Pakistan, where formal support systems are limited. Despite their critical role, the psychological well-being of these caregivers remains under researched, especially in relation to burnout, compassion fatigue, and compassion satisfaction. Objective: This study aimed to assess the professional quality of life among caregivers of individuals with psychosis in Pakistan, focusing on three key domains, compassion satisfaction, burnout, and compassion fatigue. Method: A cross-sectional survey was conducted among 60 primary caregivers recruited from a psychiatric care facility in Karachi. Participants completed the Professional Quality of Life Scale (ProQOL R-IV), which evaluates compassion satisfaction, burnout, and compassion fatigue. Demographic data were also collected to explore contextual factors influencing caregiver well-being. Results: The findings revealed that 68.3% of caregivers reported low compassion satisfaction, while 83.3% experienced average levels of burnout. Compassion fatigue was prevalent, with 88.3% showing average levels and 11.7% reporting high levels. Caregiving was predominantly undertaken by mothers (43.3%) and family members from middle-class, joint family systems. Educational levels were generally low, with 53.3% having only middle-level education, and a significant portion balancing caregiving with employment. Conclusion: The study underscores a concerning psychological profile among caregivers of individuals with psychosis in Pakistan, marked by emotional exhaustion and low caregiving reward. These findings highlight the urgent need for culturally appropriate, caregiver-focused mental health interventions and policy reforms. Addressing caregiver well-being is essential not only for their own mental health but also for sustainable patient care in low-resource settings.

Keywords: Psychosis, caregivers, burnout, compassion fatigue, compassion satisfaction, Pakistan

Introduction

Global prevalence of psychosis presents a significant public health challenge, with schizophrenia alone affecting approximately 24 million people worldwide (World Health Organization, 2022). Psychotic disorders, which include schizophrenia, schizoaffective disorder, and related conditions, are characterized by profound disruptions in cognition, perception, emotion, and behavior. These disorders typically require long-term management and place a substantial burden not only on healthcare systems but also more critically on informal caregivers. In many low- and middle-income countries (LMICs), where institutional care options are limited, caregiving responsibilities fall almost exclusively on family members. These caregivers often experience chronic emotional strain, financial hardship, and social isolation, yet their mental health needs remain under-recognized and under-researched.

Caregivers of individuals with psychosis are vulnerable to both burnout and compassion fatigue, two overlapping but distinct forms of psychological distress. Burnout is defined as a state of emotional, physical, and mental exhaustion resulting from prolonged caregiving responsibilities, often characterized by depersonalization and reduced personal accomplishment (Maslach & Jackson, 1981). Compassion fatigue, on the other hand, refers to the emotional residue or strain of exposure to suffering and trauma, leading to a reduced capacity to empathize (Figley, 2002; Chapman et al., 2024). A pertinent study is by Donegan et al. (2021), found that geriatric nurses experiencing medium levels of burnout and compassion fatigue also reported diminished psychological flexibility, which adversely affected their caregiving effectiveness and overall quality of life. The study underscores the interconnectedness of these conditions and their impact on caregivers' well-being and performance.

In high-income countries (HICs), extensive research and policy efforts have been directed toward addressing caregiver burden, with the integration of support services, psychoeducation, and community-based interventions. For instance, in the United Kingdom, the National Health Service (NHS) recognizes informal caregivers as essential stakeholders in mental health systems and provides tailored support interventions (Consolazio et al., 2021). A similar study by (Dwyer et al. 2016), found that a structured, nurse-led intervention significantly reduced symptoms of depression and anxiety among family caregivers of dementia patients. While the study was conducted in Europe, its findings are relevant to North American contexts, as similar structured programs have been implemented in Canada and the United States to support caregiver well-being.

Conversely, in LMICs, caregivers often lack access to structured mental health services, and cultural expectations dictate that caregiving is a familial obligation. The result is an unrelenting psychological and social burden on caregivers. In India, (Chakrabarti, 2013; Ong et al., 2024) reported high levels of emotional exhaustion among caregivers of individuals with schizophrenia, especially in women living in joint family systems. In Bangladesh, stigma, lack of professional mental health services, and the chronic nature of psychosis were found to be significant contributors to caregiver stress and isolation (Omiya et al., 2020).

In Pakistan, the situation is particularly acute. Mental health receives less than 1% of the national health budget, and there are only a limited number of trained mental health professionals (Nagelvoort et al., 2010). As a result, family caregivers are left to manage complex psychiatric symptoms with little or no external support. Social stigma surrounding mental illness further compounds the psychological burden of caregiving, leading to a high likelihood of burnout and compassion fatigue. Yet, there is a notable absence of empirical research exploring these phenomena among caregivers of individuals with psychosis in the Pakistani context (Aly et al., 2019).

To address this critical gap, this research aims to quantitatively evaluate the psychological well-being of caregivers by examining three core dimensions captured by the Professional Quality of Life Scale: compassion satisfaction (the emotional rewards of caregiving), burnout (exhaustion and detachment from caregiving), and compassion fatigue (stress from exposure to others' suffering). Including compassion satisfaction offers a balanced understanding of both the challenges and the potential emotional benefits of caregiving in the Pakistani context.

Methodology

Participants

A total of 60 primary caregivers of individuals diagnosed with psychosis were recruited using purposive sampling from a psychiatric care facility in Karachi, Pakistan. The inclusion criteria required participants to be between the ages of 21 and 55 years, currently serving as the primary caregiver for a family member diagnosed with a psychotic disorder, and providing unpaid care for a minimum duration of six months. Caregivers with a known history of psychiatric illness, those undergoing treatment for any psychological condition, or those who were professional paid caregivers were excluded from the study to ensure the focus remained on familial caregiving burdens.

Among the participants, 26 were male and 34 were female. The sample included caregivers from diverse educational, occupational, and socioeconomic backgrounds, offering a representative insight into caregiving experiences in low-resource urban settings. All participants were briefed about the purpose of the study and provided written informed consent prior to their inclusion.

Measures

Consent Form

As part of the consent process, the participants were required to read and sign the consent form. In addition, a brief description of the purpose of the study was also included in the consent form. Participants were free to opt out of the study at any time without incurring any penalty. It was mentioned in the consent form that the participants have read and understood the information on the form and they consent to be a part of this study. They also have the understanding that all their responses are entirely confidential and they can withdraw from the study at any time.

Demographic information

A variety of demographic information was collected from caregivers by using the following questions: about their age, education, work status, gender, number of family members, disorder type, relationship with the patient, family structure (nuclear or joint), family income, and family status (lower class or middle class).

Professional Quality of Life Scale (ProQOL R-IV)

This professional quality of life scale is comprised of 30 items, and it was designed and developed by Stamm, (2005). It is a 6-point Likert scale "(0 = never, 5 = very often)". The scale consists of three subscales (each containing ten items): compassion satisfaction, compassion burnout, and compassion fatigue. For scoring, it was required to use the reverse coding method, and high scores on all items show high compassion satisfaction, burnout, and compassion fatigue. The three subscales of ProQOL have good validity and reliability: compassion satisfaction (a = 0.87), burnout (a = 0.72), and trauma or compassion fatigue (a = 0.8).

Ethical Consideration

This study adhered to the ethical guidelines outlined in the Declaration of Helsinki. All participants provided informed consent. Data were anonymized and stored securely, accessible only to the research team.

Results

Table-1: Demographic distribution of participant

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	34	56.7	56.7	56.7
Female	26	43.3	43.3	100.0
Nuclear	26	43.3	43.3	43.3
Joint	34	56.7	56.7	100.0
Brother	16	26.7	26.7	26.7
Father	3	5.0	5.0	31.7
Husband	5	8.3	8.3	40.0
Mother	26	43.3	43.3	83.3
Sister	10	16.7	16.7	100.0
Lower Class	22	36.7	36.7	36.7
Middle Class	38	63.3	63.3	100.0
Total	60	100.0	100.0	

The demographic analysis revealed that among the 60 caregivers included in the study, 56.7% were male (n = 34) and 43.3% were female (n = 26). This indicates a slightly higher representation of male caregivers, which is notable in a context where caregiving is often perceived as a female responsibility. Regarding family structure, 56.7% of the participants belonged to joint family systems, while 43.3% were from nuclear families. This reflects the cultural prevalence of joint family living in Pakistan, where caregiving duties may be distributed among multiple members.

When examining the relationship of caregivers to the patient, the largest proportion comprised mothers (43.3%), followed by brothers (26.7%), sisters (16.7%), husbands (8.3%), and fathers (5.0%). This distribution highlights the significant caregiving role played by mothers in managing psychosis within families. Socioeconomic status was also explored, showing that 63.3% of caregivers were from middle-class families, whereas 36.7% were from lower-class backgrounds. These findings suggest that caregiving burdens cut across economic lines, though coping resources may differ.

Table-2 Frequency distribution of education, working status of participant

Education	Frequency	Percent	Valid Percent	Cumulative Percent
Illiterate	3	5.0	5.0	5.0
Primary	5	8.3	8.3	13.3
Middle	32	53.3	53.3	66.7
Matric	14	23.3	23.3	90.0
Inter/diploma	4	6.7	6.7	96.7
BA/BSc	2	3.3	3.3	100.0

Jobless	10	16.7	16.7	16.7
Employee	24	40.0	40.0	56.7
Labour	16	26.7	26.7	83.3
own work	10	16.7	16.7	100.0
Total	60	100.0	100.0	100

In terms of educational background, more than half of the caregivers (53.3%) had a middle-level education, followed by 23.3% who had completed matriculation. A smaller number had attained primary education (8.3%), intermediate or diploma-level qualifications (6.7%), or bachelor's degrees (3.3%), while 5.0% were illiterate. These statistics reveal that most caregivers had limited formal education, which could potentially impact their awareness of mental health issues and available support systems. With respect to occupational status, 40% of the caregivers were employed, 26.7% worked as laborers, and 16.7% each were either self-employed or unemployed, indicating that caregiving often overlaps with financial and professional responsibilities.

Table-3 Frequency distribution of compassion satisfaction, burnout and compassion fatigue among participant.

Compassion Satisfaction	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Low	41	68.3	68.3	68.3
Average	19	31.7	31.7	100.0
Total	60	100.0	100.0	
Burnout Level	Frequency	Percent	Valid Percent	Cumulative Percent
Low	10	16.7	16.7	16.7
Average	50	83.3	83.3	100.0
Total	60	100.0	100.0	
Compassion Fatigue _Level	Frequency	Percent	Valid Percent	Cumulative Percent
Average	53	88.3	88.3	88.3
High	7	11.7	11.7	100.0
Total	60	100.0	100.0	

The psychological well-being of caregivers was assessed using the Professional Quality of Life Scale (ProQOL). The findings showed that 68.3% of the caregivers experienced low levels of compassion satisfaction, while only 31.7% reported average satisfaction. This suggests that a majority of caregivers derived limited emotional fulfillment or reward from their caregiving role. In contrast, burnout levels were found to be moderately high, with 83.3% of participants reporting average levels of burnout, and only 16.7% experiencing low burnout. This points to widespread emotional exhaustion and stress among caregivers. Similarly, compassion fatigue was found to be prevalent, with 88.3% reporting average levels and 11.7% experiencing high levels. Although the majority did not fall into the severe category, the presence of high compassion fatigue in a subset of caregivers is concerning and indicates vulnerability to secondary traumatic stress.

Overall, these results highlight a psychological profile marked by low compassion satisfaction and moderate-to-high levels of burnout and compassion fatigue among caregivers of individuals with psychosis in Pakistan. These findings underscore the urgent need for caregiver-focused mental health interventions, particularly in low-resource settings where systemic support remains minimal.

Discussion

The present study highlights a concerning psychological pattern among caregivers of individuals with psychosis in Pakistan, characterized by low compassion satisfaction alongside moderate-to-high levels of burnout and compassion fatigue. Compassion satisfaction refers to the emotional rewards and meaning derived from caregiving such as a sense of purpose, fulfillment, or appreciation. In this study, over two-thirds of caregivers reported low compassion satisfaction, suggesting that their caregiving roles were more burdensome than rewarding. This is especially significant because compassion satisfaction is often considered a psychological buffer that can mitigate the effects of stress and reduce the likelihood of burnout and fatigue (Stamm, 2013). Its absence points to a caregiving context where emotional rewards are minimal, appreciation is scarce, and psychological strain goes unacknowledged.

The fact that over two-thirds of caregivers in this study experienced low levels of compassion satisfaction suggests that caregiving is more often experienced as a draining responsibility rather than a source of emotional fulfillment. This is concerning because compassion satisfaction has been shown to act as a psychological buffer against the adverse effects of caregiving stress (Stamm, 2013; Sprang et al., 2024). Similar findings were reported by (Garvey et al., 2023) in a recent study in Punjab, where family caregivers of individuals with severe mental illness reported low perceived meaning and satisfaction in their caregiving roles, citing lack of appreciation, financial insecurity, and social isolation. From a theoretical perspective, these findings are supported by Figley's Compassion Stress and Fatigue Model (2002), which posits that caregivers exposed to chronic emotional suffering without access to systemic support or self-care resources are at increased risk of experiencing emotional depletion and secondary traumatic stress. In Pakistan, where formal caregiver support structures are nearly non-existent, this theoretical model helps explain the widespread emotional fatigue observed.

The current study also found that a significant majority (83.3%) of caregivers reported average levels of burnout, characterized by emotional exhaustion, reduced personal accomplishment, and depersonalization. These symptoms are consistent with findings from other South Asian studies. For instance, (Babar et al. 2022) conducted a cross-sectional survey in Lahore and reported that nearly 70% of caregivers of schizophrenia patients exhibited moderate to high burnout symptoms, particularly those with dual roles as earners and carers. Importantly, the findings must be understood within Pakistan's sociocultural framework, where caregiving is deeply embedded in family roles, religious expectations, and patriarchal norms. Mothers and female relatives often assume caregiving roles by default, viewing it as both a moral obligation and an expected gender role (Nagelvoort et al., 2010). A study investigates the relationship between religious coping, care burden, and psychological distress among caregivers during the COVID-19 pandemic in Pakistan. It found that negative religious coping was significantly associated with higher levels of depression, anxiety, and stress among caregivers, suggesting that certain religious coping mechanisms may exacerbate psychological distress (Rashid et al., 2023). This cultural expectation can discourage caregivers from expressing distress or seeking help, leading to under-recognition of mental health strain. Additionally, religious and spiritual beliefs while sometimes protective may also lead caregivers to accept suffering as a test of faith, further masking psychological fatigue.

The presence of high levels of compassion fatigue in over 11% of the sample, with 88.3% reporting average levels, raises further concern. Compassion fatigue, as conceptualized by (Figley, 2002), results from cumulative exposure to the emotional pain of others. In contexts like Pakistan where mental illness is stigmatized, services are underfunded, and family systems are overburdened caregivers often internalize the emotional toll without access to professional psychological support. Comparable results were found in a 2023 study in Bangladesh by (Yamazaki et al., 2023) where 60% of caregivers for psychotic patients reported compassion fatigue, citing stigma, inadequate knowledge, and isolation as key contributors. Another notable dimension of this study is the sociodemographic profile of participants, with most caregivers having only a middle-level education and low-to-middle socioeconomic status. Caregivers with limited education may lack awareness of mental health services, available coping strategies, and symptom management techniques amplifying their vulnerability to distress. Additionally, employed caregivers face the compounded burden of balancing work responsibilities with caregiving, increasing their risk of burnout.

Collectively, these findings underscore the urgent need for caregiver-centered interventions in Pakistan's mental health system. Interventions such as caregiver psychoeducation, culturally sensitive counseling, peer support groups, and community-based respite services could significantly alleviate the caregiving burden. More importantly, these findings should inform national mental health policies, particularly the integration of caregiver well-being into psychiatric care frameworks. As Pakistan navigates mental health reform, addressing caregiver burnout and compassion fatigue is not merely supportive it is essential for sustainable psychiatric care and patient recovery. Future research should expand to rural areas and longitudinally track caregiver psychological health, especially as national-level mental health strategies continue to evolve.

Conclusion

The study on burnout and compassion fatigue among caregivers of neurotic patients in Pakistan highlights the significant psychological strain experienced by caregivers. The findings suggest that the burden of caregiving is often compounded by emotional and psychological exhaustion, leading to heightened levels of burnout and compassion fatigue. These results are consistent with international studies that emphasize the challenges caregivers face in managing both the physical and emotional demands of caring for individuals with neurotic disorders. Moreover, this study underscores the importance of recognizing the psychological needs of caregivers and implementing interventions that can help alleviate these pressures. These findings contribute to the growing body of research emphasizing the necessity of addressing the mental health of caregivers in mental health settings.

The evidence also suggests that while caregivers exhibit high levels of compassion and dedication to their patients, their psychological well-being tends to deteriorate without adequate support mechanisms in place. Therefore, it is essential for healthcare systems, particularly in Pakistan, to integrate caregiver well-being programs into their mental health services to provide sustainable care for both patients and caregivers.

Limitations

Despite the valuable insights offered by this study, several limitations should be acknowledged. First, the cross-sectional nature of the study limits the ability to draw causal inferences between caregiving and mental health outcomes. Longitudinal studies would provide a clearer understanding of the temporal relationships between caregiving stress, burnout, and compassion fatigue.

Second, the study sample was restricted to caregivers in Pakistan, which limits the generalizability of the findings to caregivers in other cultural or healthcare settings. The unique socio-economic and cultural dynamics of Pakistan may influence caregiver experiences differently than in other regions. Further research with more diverse samples across different countries or regions is needed to validate the findings.

Third, the self-reported nature of the data may lead to response biases, particularly underreporting of burnout or compassion fatigue due to social desirability. Future studies should consider using objective measures, such as physiological indicators of stress, to complement self-reports.

Finally, the study focused only on caregivers of neurotic patients, which may not fully represent the broader caregiving population. Caregivers of patients with other mental health disorders or chronic conditions may experience different levels of burnout and compassion fatigue. Future research should include a broader range of patient categories to examine the variability in caregiving stressors.

Recommendations

Based on the findings of this study, several important recommendations can be made to address the psychological burden experienced by caregivers of individuals with psychosis in Pakistan. First, there is a critical need to implement structured caregiver support programs within psychiatric services. These programs should include access to psychological counseling, peer support groups, and regular stress management sessions, enabling caregivers to process emotional strain and avoid long-term psychological harm. Equipping caregivers with effective coping mechanisms and emotional regulation strategies can help mitigate burnout and compassion fatigue.

Secondly, awareness and training workshops on self-care, resilience, and mental health literacy should be routinely offered in both community and clinical settings. Such initiatives can empower caregivers to recognize early signs of distress and seek timely support. Integration of culturally relevant psychoeducational interventions is especially important in the Pakistani context, where stigma and traditional caregiving roles may prevent individuals from voicing their psychological needs.

From a policy perspective, caregiver well-being must be formally recognized in national mental health policies and service delivery frameworks. The inclusion of caregiver-focused services such as financial support, respite care, and recognition of unpaid labor would not only enhance caregiver mental health but also indirectly improve patient outcomes. Additionally, future research should adopt longitudinal and comparative designs to evaluate the long-term psychological impact of caregiving across diverse mental health conditions and demographic contexts. Emphasizing family-centered models of care that distribute responsibilities and encourage shared caregiving within households may also alleviate the emotional burden on primary caregivers.

Overall, implementing a comprehensive, culturally sensitive, and system-level approach to caregiver support is essential for sustaining informal caregiving networks and strengthening mental health outcomes in low-resource settings like Pakistan.

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