Perceived Stress and Burnout Among Caregivers of Patients with Bipolar Disorder: A Quantitative Study of Pakistani Cohorts

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Abstract

The objective of this study is to examine the association between perceived stress and burnout among caregivers in Pakistan who care for patients with Bipolar Disorder. Using a cross-sectional correlational design and purposive sampling, data were collected from 200 participants (male = 105, female = 95), with a mean age of 38.17 years and a standard deviation of 9.66. The results revealed a significant positive association between burnout and perceived stress. Two instruments were used to measure burnout and perceived stress: the Oldenburg Burnout Inventory (OLBI) and the Perceived Stress Scale (PSS). Correlational analysis showed a positive and significant relationship between burnout and perceived stress. An independent samples t-test indicated that burnout and perceived stress were higher among female caregivers compared to male caregivers. The findings were discussed about existing literature, and practical recommendations were provided to enhance caregiver well-being. These include offering counselling services, raising awareness about Bipolar Disorder, encouraging peer support networks, promoting access to professional mental health care, providing guidance on effective caregiving strategies, and emphasizing the importance of establishing government-run programs and support groups for caregivers of individuals with Bipolar Disorder.

Keywords: Depression, Stress, Anxiety, Caregivers, Bipolar Disorder.

Introduction

Bipolar disorder, formerly known as manic depression, is a mental health condition characterized by extreme mood swings, including emotional highs (mania or hypomania) and lows (depression). Hypomania is a less severe form of mania. During manic phases, individuals

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may act impulsively, make poor decisions, and engage in high-risk behaviors. Common symptoms include excessive happiness or irritability, rapid speech and thoughts, inflated self-esteem, and reckless actions such as overspending, dangerous driving, or risky sexual behavior. In contrast, depressive episodes involve intense sadness, hopelessness, fatigue, loss of interest in activities, changes in appetite or sleep, difficulty concentrating, and suicidal ideation (Anderson et al., 2012; Grande et al., 2016; Müller-Oerlinghausen et al., 2002). Although the precise cause is unclear, contributing factors may include hormonal imbalances, genetic predisposition, trauma, and substance abuse (Aldinger & Schulze, 2017; Rowland & Marwaha, 2018).

There are several types of bipolar disorder: Bipolar I involves full manic episodes that may require hospitalization; Bipolar II includes hypomanic and depressive episodes without full mania; Cyclothymic Disorder is characterized by milder symptoms over extended periods; and Bipolar Disorder Not Otherwise Specified (BP-NOS) includes significant symptoms that do not meet specific diagnostic criteria but still impair functioning (Cassano et al., 1992; Vieta et al., 2005).

Caregivers—either family members or paid helpers—who provide consistent care to individuals with mental illness face significant emotional and psychological challenges. These include severe stress, emotional exhaustion, and burnout (Cham et al., 2022; Walke et al., 2018). Perceived stress refers to the thoughts and feelings individuals have about how much stress they are experiencing at a given time or over a specific period (Bossola et al., 2025; Castarlenas et al., 2025). Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when individuals feel overwhelmed, emotionally drained, and unable to meet constant demands (Demerouti et al., 2025).

Caregiver burden in bipolar disorder has been associated with increased depression, anxiety, and reliance on mental health services (Steele et al., 2010). A systematic review of 24 studies found that up to 46% of caregivers experienced depression and 32.4% sought mental health services. A cluster analysis of 500 caregivers revealed three profiles—burdened, effective, and stigmatized—with the burdened group experiencing the poorest outcomes (Perlick et al., 2008). Hedge et al. (2019) further emphasized that caregiver-related factors—such as neuroticism, perceived social support, and time spent caregiving—had a greater impact on psychological distress than the severity of the patient's illness.

A previous study conducted on 90 Turkish caregivers of individuals with serious psychiatric disorders, including bipolar disorder, reported that although caregivers demonstrated good resilience, they still experienced mild depression and moderate burnout. The findings emphasized the importance of providing psychological support for caregivers (Yıldız et al., 2023). Another study assessed stress and burnout in 70 caregivers of patients with severe mental illness compared to 70 caregivers of individuals with cardiovascular disease. Caregivers of psychiatric patients reported significantly higher levels of stress and burnout, highlighting the urgent need for targeted psychological support interventions (Rady et al., 2021).

There are numerous studies regarding burnout and perceived stress among caregivers of patients with bipolar disorder. However, limited research has been conducted specifically on caregivers of individuals with bipolar disorder, particularly about the variables of burnout and perceived stress in Pakistan. This study aims to address this gap in the literature and propose targeted intervention strategies.

Hypotheses

1. There is likely to be a positive and significant relationship between perceived stress and burnout among caregivers of patients with bipolar disorder.
2. There is likely to be a significant difference between male and female caregivers of patients with bipolar disorder in terms of perceived stress and burnout.

Methodology

The study adopted a cross-sectional correlational design and employed a stratified sampling technique to collect data from 200 caregivers of patients with bipolar disorder. The inclusion criteria for caregivers required them to be at least 18 years of age, possess a minimum intermediate qualification, be citizens of Pakistan, and include both men and women. The study adhered to APA 7 ethical standards. Permission was obtained from the relevant department and the authors of the instruments before data collection. Data were collected from the psychiatric wards of public and private hospitals in Pakistan. Participants were provided with a consent form containing a detailed description of the study. It was clearly stated that participation was voluntary, and participants could withdraw from the study at any time without facing any negative consequences. Additionally, participant confidentiality was assured. Participants completed a demographic questionnaire, which included items on age, gender, educational qualification, and socioeconomic status, along with standardized scales. Two instruments were used for measuring burnout and perceived stress: the Oldenburg Burnout Inventory (OLBI) and the Perceived Stress Scale (PSS). The OLBI, developed by Demerouti (1999), consists of 16 items rated on a Likert scale ranging from strongly disagree (1) to strongly agree (4). The Cronbach's alpha for the OLBI is 0.83 (Khan & Yusoff, 2016). The PSS (Cohen et al., 1994) includes 10 items, with responses recorded on a Likert scale ranging from "never" (0) to "very often" (4). The reliability of this scale ranges from 0.84 to 0.91. Once collected, the data were entered into SPSS version 27 for analysis.

Results

Table 1: Characteristics of Participants (N=200)

Characteristics	*F*	*%*	*M*	*SD*
Age			38.17	9.66
Gender				
Male	105	52.5		
Female	95	47.5		
Education				
Intermediate	73	36.5		
Bachelor	58	29		
Master	46	23		
PhD	23	11.5		
Socioeconomic Status				
Upper Class	29	14.5		
Middle Class	61	30.5		
Lower Class	110	55		

Note: f=Frequency, *%*= Percentage, *M*= Mean, *SD*= Standard Deviation.

The above table demonstrates the characteristics of the participants, including age, gender, education, and socioeconomic status. The mean age of the participants is 38.17 years, with a standard deviation of 9.66. A total of 105 male (52.5%) and 95 female (47.5%) participated in the study. Most participants had an intermediate level of education, i.e., 73 individuals (36.5%), followed by 58 participants (29%) with a bachelor's degree, 46 (23%) with a master's degree, and 23 (11.5%) with a PhD. In terms of socioeconomic status, the majority of participants belonged to the lower class (110 participants, 55%), followed by the middle class (61 participants, 30.5%), while a minority were from the upper class (29 participants, 14.5%).

Table 2: Relationship of Perceived stress, Burn Out (N= 200)

Variables	1	2
1.Percieved stress	-	.80***
2.Burn out		-

Note: ***p<.001

There is a positive and significant relationship between perceived stress and burnout among caregivers of patients with bipolar disorder.

Table 3: Gender Difference between Study Variables (N=200)

	Men(n=105)		Women(n=95)				
Variables	*M*	*SD*	*M*	*SD*	*t(198)*	*P*	Cohen's d
Percieved Stress	15.40	6.14	17.41	5.59	-2.41	.01	.34
Burn out	40.37	11.60	44.36	11.71	-2.41	.01	.34

Note: **p<.01

The above table shows that women scored significantly higher on the study variables perceived stress and burnout than their men counterparts.

Discussion

Bipolar disorder is a serious psychiatric illness that, if not treated in a timely manner, can lead to further complications and distress—not only for the patients but also for their caregivers. Although there is substantial literature on caregiver distress in relation to patients with bipolar disorder, such studies are very limited in Pakistan. Therefore, the need for this study is both timely and relevant, particularly with respect to the variables of perceived stress and burnout among caregivers of patients with bipolar disorder in Pakistan. This study aims to fill the research gap, address the issue, and offer implications for improving caregivers' mental health. The first hypothesis of the study is supported, as the correlational analysis indicates a significant relationship between perceived stress and caregiver burnout among those caring for patients with bipolar disorder. This finding aligns with previous research showing that stress among caregivers of individuals with mood disorders is significantly high (Steele et al., 2010). Another Jordanian study reported high levels of perceived stress among 310 caregivers of patients with psychiatric illnesses (Masa'deh, 2017). Prior studies have documented caregiver burden, psychiatric symptoms such as stress and depression, and emotional exhaustion among caregivers of individuals with serious psychiatric conditions, which is consistent with the current study's findings (Bauer et al., 2011; Gania et al., 2010; Mirhosseini et al., 2024; Irshad et al., 2025). The significant association between perceived stress and burnout could be attributed to a lack of support for caregivers of patients with bipolar disorder. In Pakistani society, there is limited awareness of psychiatric illnesses, and the problematic behavior of individuals with bipolar disorder is often blamed on caregivers and close family members. Most participants in this study were from lower socioeconomic backgrounds, suggesting that financial difficulties and lack of resources could contribute to perceived stress and burnout. Additionally, the challenging behavior of patients and the absence of guidance or effective coping strategies may further exacerbate the caregivers' burden.

The second hypothesis is also supported, as a significant gender difference was found through an independent samples t-test. Female caregivers of patients with bipolar disorder scored significantly higher than their male counterparts on measures of perceived stress and burnout. This finding aligns with both recent and past research indicating that women report higher levels of exhaustion and stress compared to men when caring for individuals with serious psychiatric conditions (Avargues-Navarro et al., 2020; Batool et al., 2024; Kim et al., 2016;

Kumar et al., 2023; Sharma et al., 2016). Several factors may explain why women experience more stress and burnout. In Pakistani households, women typically spend more time with psychiatric patients and are often responsible for caregiving duties. Cultural norms that position men as dominant may lead women to suppress their emotions, contributing to burnout. Additionally, women are often expected to manage both household responsibilities and caregiving, increasing their risk of stress. A lack of coping strategies and limited awareness about mental health among Pakistani women may also explain their higher scores in perceived stress and burnout.

Conclusion

This cross-sectional correlational study concludes that among caregivers of patients with bipolar disorder in Pakistan, perceived stress and burnout are significantly and positively associated. The study addresses a gap in the literature and further reveals that female caregiver report significantly higher levels of perceived stress and burnout than their male counterparts. These findings are important for guiding future research and practical interventions.

Implications

The study highlights the urgent need for interventions targeting caregivers of individuals with bipolar disorder in Pakistan. First, mental health professionals must promote awareness of perceived stress and burnout. In a developing country like Pakistan, such concepts are often overlooked, even by those experiencing them. Raising awareness is essential to encourage caregivers to seek support and learn effective coping strategies. Community awareness is also crucial, as the absence of social support intensifies caregiver burden and further deteriorates mental health. Society must be more empathetic and supportive toward caregivers. Additionally, hospital-based caregivers should undergo regular mental health evaluations by psychiatrists and psychologists. The government should mandate mental health screenings for caregivers of patients with severe psychiatric illnesses, such as bipolar disorder.

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