



# Positive Psychosocial Experiences in Caring for Patients with Chronic Mental Disorders: A Qualitative Content Analysis of Family Caregivers and Healthcare Professionals

Fatemeh Lohrasebi<sup>1</sup>, Mousa Alavi<sup>1</sup>, Narges Hashemi<sup>2\*</sup>

<sup>1</sup>Nursing and Midwifery Care Research Centre, Department of Psychiatric Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

<sup>2</sup>Nursing and Midwifery Care Research Centre, Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran

\*Corresponding Author: Narges Hashemi, Email: Setare137030@gmail.com

## Abstract

**Introduction:** The vital role of the family in providing physical and emotional support to a patient with a chronic mental disorder has caused the family to gain many psychosocial experiences. This study aimed to describe the positive psychosocial experiences of family caregivers and healthcare professionals in caring for patients with chronic mental disorders.

**Methods:** The present qualitative study was conducted using a conventional content analysis approach. The participants in this research were 10 family caregivers of patients with chronic mental disorders, 3 psychiatrists, 5 nurses working in the psychiatric department, and 3 clinical psychologists in Farabi, Khorshid, and Modares hospitals in Isfahan, who were selected by purposive sampling. The number of family caregivers was determined based on the principle of data saturation, which is a standard practice in qualitative research. We continued interviews until no new themes or insights emerged, ensuring that the data collected were comprehensive and sufficient to address the research question. Data were collected through semi-structured interviews. In this research, the data were analyzed using the approach of Graneheim and Lundman. The accuracy and robustness of the data were also done using the Lincoln and Guba criteria.

**Results:** A total of 236 primary codes were obtained, which were classified into 9 sub-categories and 4 main categories, including "personal growth and self-awareness", "social and family relationships", "emotional and psychological well-being", and "care as a meaningful role".

**Conclusion:** Identifying the positive experiences of care in caregivers can provide a background for the development of various programs and studies to promote adaptation and ultimately increase the level of psychosocial health of family caregivers of patients with chronic mental disorders, and can lead to more emphasis by health policymakers on the strengths and support resources of these people.

**Keywords:** Caregivers, Mental disorders, Psychosocial, Family

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## Introduction

Many people in today's world experience mental health disorders. About 19% of the world's population and 31% of the Iranian population suffer from mental disorders (1). Meanwhile, chronic mental patients account for about 2% of the global population (2). Bipolar disorder, the spectrum of schizophrenia, and major depression are known as chronic mental illnesses (3).

Deinstitutionalization in the treatment of patients with chronic mental disorders has led to a relatively small proportion of these patients being hospitalized and cared for in treatment centers (4). Consequently, families have become the primary caregivers for individuals with

chronic mental disorders. This is particularly evident in Asian countries with limited mental health resources, where it is estimated that approximately 70% of these patients are supported by family members (5). In Eastern countries, including Iran, due to the existing commitment and affection within families, family members of patients with chronic mental disorders have become informal caregivers, taking on the full responsibility of caring for, supporting, and treating their patients. This has resulted in families acquiring numerous psychosocial experiences, becoming a focal point of attention in many studies in this field (4).

Beyond international research, studies in Iran have



explored caregiver empowerment in chronic disease management, revealing the dynamic nature of caregiving and the resources facilitating adaptation (6). Further research examined family caregivers' experiences during hospital-to-home transitions, underscoring feelings of abandonment and the need for support (7). These studies highlight the multifaceted nature of caregiving, emphasizing both its challenges and potential for positive growth.

Among these studies, researchers have focused on the challenges associated with caregiving, including lack of social support, stigma, discrimination, financial limitations, disruption of family functioning, stress, depression, and anxiety, collectively referred to as the "caregiver burden" in various studies (8-10). A brief review of the studies conducted in this area clearly demonstrates that most research on family caregivers has concentrated on the negative aspects and unpleasant consequences of caregiving. This has led to a neglect of the fact that caregiving, despite its negative consequences, can be a valuable experience for caregivers, and the positive aspects of caregiving may remain hidden (11).

While caring for a relative can be a challenging process, it can also offer numerous positive experiences to the caregiver. Positive aspects of caregiving do not imply the absence of negative aspects; rather, they are considered as mental events that can coexist with negative caregiving experiences and serve as sources of positive change in the caregiver's life (12). Unfortunately, there is no standardized official definition of positive caregiving experiences, and often, this concept is interpreted as the perceived satisfying outcomes resulting from providing care (13). Some studies have considered positive caregiving experiences in terms of emotional rewards, satisfaction associated with feelings of gratitude, personal growth, increased self-awareness, enhanced faith and spiritual growth, improved relationships, and greater intimacy (5, 14, 15). In summary, positive aspects of caregiving are considered to provide a degree of inspiration and reward for the caregiver's role, leading to positive consequences and enriching the caregiver's life experiences (15).

Since positive and negative aspects of caregiving always coexist, neglecting the positive aspects can limit the overall understanding of caregivers' adaptation and hinder the development of interventions in this area (16). From a psychological perspective, finding positive meaning in adversities can help individuals better understand their situation and increase their resilience, personal growth, and coping abilities.

Therefore, a framework through which care experiences can be considered in meaningful and positive ways is very important, because finding a positive meaning from the situation is a great skill that provides the family with a better perspective of life (5), and this means reducing the care burden and increasing the quality of life and well-being of caregivers (15). By examining the positive dimensions of caregiving and understanding caregivers' effective emotions, it is possible to identify the strengths

and resources that caregivers have at their disposal to mitigate and manage caregiving challenges and problems (17). Therefore, understanding the positive experiences of family caregivers for patients with chronic mental disorders seems essential.

However, what has been done in various studies on positive caregiving experiences indicates that most studies have been conducted on family caregivers of patients with dementia (11, 15, 18). Few analytical studies on positive experiences of caring for patients with chronic mental disorders have been found, which describe caregiver satisfaction and motivation for caregiving as the highest caregiving outcomes (19-21).

The positive psychosocial experiences of family caregivers of patients with chronic mental disorders remain an underexplored area, particularly in contexts like Iran, where family caregiving plays a central role due to cultural and social factors. While many studies have focused on the burdens and negative consequences of caregiving, such as stigma, stress, and financial hardship, there is a significant gap regarding the understanding of caregivers' positive experiences, satisfaction, and motivations, especially outside dementia care. Most existing research has centered on the challenges rather than the enriching and growth-promoting aspects of caregiving, limiting a comprehensive understanding of caregivers' adaptation and resilience. This study aims to address this gap by exploring positive experiences within the social and psychological context of Iranian families and healthcare professionals.

## **Materials and Methods**

### ***Research Design and Approach***

The present qualitative study was conducted using a conventional content analysis approach. Employing qualitative content analysis, the study seeks to provide an in-depth understanding of the meaningful and constructive aspects of caregiving, thereby contributing new insights that can inform supportive interventions and policies to enhance caregivers' well-being and quality of life (22).

### ***Research Setting***

The research setting was Farabi, Khorshid, and Modares hospitals in Isfahan. The reason for selecting these centers, in addition to their active involvement in admitting and treating patients with mental disorders, was their locations in different areas of city, allowing for the exploration of diverse experiences of family caregivers of patients with chronic mental disorders from various cultural, social, and economic backgrounds.

### ***Participants***

Participants in this research included family caregivers of patients with chronic mental disorders (F), psychiatrists (P), nurses working in psychiatric wards (N), and clinical psychologists (CP) who interacted with patients and their families. Participants were selected purposefully, striving

for maximum diversity based on the age, gender, and education level of the caregiver and patient, the type of chronic mental disorder, the duration of illness, and the duration of caregiving.

### ***Inclusion and Exclusion Criteria***

Inclusion criteria for family caregivers included: being a family caregiver of a patient with a chronic mental disorder (including schizophrenia spectrum, depression, and bipolar disorder), being responsible for the patient's care, having at least 3 months of experience caring for the patient since the diagnosis of chronic mental disorder, having at least 3 months of experience caring for the patient with chronic mental disorder, the patient having a history of hospitalization in a psychiatric hospital, willingness to participate in the study, no mental health problems based on the patient's medical record (family history section) and confirmation by the ward psychologist, ability to communicate and express themselves, and no speech difficulties. Inclusion criteria for the healthcare team members (psychiatrists, nurses, and clinical psychologists) included having experience working in psychiatric wards and willingness to participate in the study. Exclusion criteria for both groups were unwillingness to continue participation in the study at any stage of the research.

### ***Data Collection***

After obtaining the necessary permits, researchers visited the Farabi, Modares, and Khorshid hospitals in Isfahan and, by reviewing patient records, identified the primary caregiver for each patient with a chronic mental disorder. They then contacted these caregivers in person or by phone to invite them to participate in the study if they met the inclusion criteria. During the initial contact, researchers introduced themselves, explained the objectives and benefits of the study, and obtained informed written consent from the participants. The form emphasized the confidentiality of information and the option to withdraw from the study at any time.

The data collection instrument was interviewing, and the primary method of data collection was in-depth, face-to-face, semi-structured interviews, which allowed participants to freely express their experiences. To schedule interview sessions, researchers coordinated with participants regarding time and place through in-person or telephone meetings. Data were collected from early August to October 2024. Interview durations ranged from 20 to 45 minutes, with an average of 30 minutes. Participants were asked to describe the positive experiences that family caregivers of patients with chronic mental disorders might encounter. Interviews were recorded, and the content was transcribed verbatim immediately after each interview. Each interview was analyzed immediately after completion, and then the next interview was started. Interviews continued until informational saturation was achieved, and new interviews did not add any new data to the previous ones, only confirming and repeating the existing data. The essential questions posed to family

caregivers of patients and members of the health team with chronic mental disorders are listed in [Table 1](#).

Exploratory questions such as "Can you give an example?" or "Can you tell us a little more about this?" were used. Each interview ended with the question, "Do you think there was a question that was not asked and you would like to express it?" Each transcript was reviewed multiple times to ensure accuracy and consistency with the recordings.

Data management and analysis were facilitated using MAXQDA 20.4.0 software, developed by the German company VERBI. To analyze the data, we employed the method developed by Graneheim and Lundman. The process involved the following steps. First, the researcher identifies meaningful units in the text that are relevant to the research objectives. Then, these meaning units are condensed into shorter, summarized forms without altering their core meaning. Next, each condensed meaning unit is assigned a code that represents the underlying concept. After coding, similar and related codes are grouped into subcategories to form broader concepts. Finally, related subcategories are combined into main categories that reflect the overarching themes and significant topics within the data. This systematic process helps the researcher move from raw data to deep, meaningful interpretations and provides a precise understanding of participants' experiences (23).

To ensure the rigor of the study, Lincoln and Guba's criteria were employed. To enhance the study's credibility, researchers engaged in prolonged engagement in the research setting, utilized participant review and peer review methods to verify the accuracy of data, and extracted codes. To achieve dependability, all research activities and decisions were meticulously recorded and reported from the beginning of the study to allow for auditing if necessary. Additionally, by providing a clear, detailed, and purposeful description of the research process and participant characteristics, the study's trajectory was made traceable for readers. To ensure confirmability, researchers endeavored to initially identify their perspectives on the caregiving experiences of family caregivers of patients with chronic mental disorders and avoid bias in this regard.

### ***Results***

Participants in this study included 10 family caregivers of patients with chronic mental disorders, 5 nurses, 3 psychiatrists, and 3 clinical psychologists from Farabi, Khorshid, and Modares hospitals in Isfahan. Their characteristics are presented in [Tables 2](#) and [3](#). A total of 236 initial codes were obtained, which were categorized into 9 sub-categories and 4 main categories, including "personal growth and self-awareness," "social and family relationships," "emotional and psychological well-being," and "caring as a meaningful role" ([Table 4](#)).

#### ***Personal growth and self-awareness***

Self-awareness means a deep understanding and

**Table 1.** Key Questions

Participants	Questions
Family caregivers	* Has caring for the patient brought about positive changes or benefits to your life?
	* Have you experienced positive emotions due to caring for your patient?
	* What factors contribute to your positive feelings as a family caregiver?
Members of the health team	"Can family caregivers of patients with chronic mental disorders gain positive psychosocial experiences due to care? Please describe your experiences in this area or the feedback you have received."

**Table 2.** Characteristics of Family Caregivers Participating in the Study

Participant	Caregiver Gender	Caregiver Age (years)	Relationship with the patient	Patient's gender	Patient Age (years)	Type of Disease	Duration of patient care (years)
F1	Female	40	Wife	Male	41	Mania	7
F2	Female	47	Mother	Male	22	Depression	6
F3	Female	28	Children	Female	63	Schizophrenia	17
F4	Male	58	Father	Male	30	Depression	10
F5	Female	52	Wife	Male	61	Schizophrenia	30
F6	Male	41	Father	Male	20	Schizophrenia	2
F7	Female	45	Mother	Female	23	Mania	5
F8	Female	55	Mother	Female	28	Mania	8
F9	Male	39	Husband	Female	37	Depression	10
F10	Male	30	Children	Female	52	Mania	12

**Table 3.** Characteristics of the health team members participating in the study

Participant	Gender	Age (years)	Work experience in the psychiatric department (years)
1N	Female	41	18
2N	Female	42	20
3N	Female	38	14
4N	Male	29	5
5N	Male	30	7
1p	Male	58	25
2p	Male	34	8
3p	Female	42	12
1R	Female	46	23
2R	Female	27	2
3R	Male	34	9

knowledge of oneself and the factors affecting one's life, and it enables one to implement the best version of oneself in life and grow by accepting and changing some dysfunctional patterns and behaviors. The participants of this study believed that "Developing self-esteem", "spiritual growth", and "Building knowledge and skills" are the constituent components of self-awareness in family caregivers of patients with a chronic mental disorder.

Feelings of pride in caring abilities, sense of competence and skills, self-respect, and increasing self-awareness were among the experiences of the participants in the study and examples of self-esteem promotion in these individuals.

Caregiver 3 said: "Taking care of my family member has made me realize how capable I am. I feel proud of the skills I've developed and more confident in myself every day." (F3)

Other components of this theme include the spiritual growth of caregivers according to the experience of gratitude for health, strengthening of faith, praying for

the patient's recovery, hope for the patient's recovery, and submission to God's will.

"I know that God takes care of everything. He gives me a lot of peace. Whatever God wants, it will happen. God willing, He will heal my patient as well" (F2).

Another item that has led to self-awareness and personal growth in family caregivers is the increase in their ability to acquire knowledge and take care of their patients.

"So here we see how much progress some families are making in caring for their patients. Sometimes the complications of illness and medication are managed in such a way that later, when they tell us, we wonder how they have reached this level of competence in care" (N1).

Overall, the participants' experiences indicated that caring for chronic mental illnesses can put caregivers on the path of self-awareness and personal growth.

### Family and Social Relationships

Strong family and social relationships are one of the key factors in the happiness and satisfaction of people's lives. Some caregivers gain more experience with social and family bonds due to caring for a patient with a chronic mental disorder. "Family support" and "social bonding" are the two main categories in this theme.

When family members communicate constructively, they can effectively talk about positive and negative caregiving problems and experiences and find appropriate solutions. This will help to create peace and tranquility in the family and achieve cohesion in this regard.

"We sometimes invite the family to speak here and explain to them about the patient's condition. I have seen many times that a kind of unity is formed among the family members, and they support each other. They take care of each other and get a better relationship overall" (R3).

**Table 4.** Main category, sub-categories, and sub-sub-categories

Main categories	Sub-Categories	Sub-sub categories
Personal growth and self-awareness	self-esteem development	- Feelings of pride in caring abilities - Sense of competence and skill - Self-respect - Increased self-awareness
	Spiritual Growth	- Gratitude for Health - gaining strength from faith - Praying for the patient's recovery - hoping for the patient's improvement - submitting to God's will
	knowledge and skills development	- Promotion of theoretical knowledge related to disease and treatment - Gain problem-solving skills - Improving clinical care skills
Family and Social Relationships	Family support	- Improving family relationships - Mutual support and care in the family - Sharing positive and negative experiences with family - Family cohesion in care
	social bonding	- Seeking social support as a coping strategy - Receiving social and psychological support through religious groups - Sharing knowledge with other caregivers - Empathy with other caregivers - Peer networking
Emotional and psychological well-being	personal well-being	- A sense of caregiver worth - Satisfaction with how care is taken - Satisfaction with family reunification
	increased resilience	- Acceptance of limitations due to illness - Feeling stronger - Increased patience and compassion - Sensitivity to the needs of others
Caring as a meaningful role	Purpose and meaning	- Finding a sense of purpose and meaning in life - Understanding the importance of health and life - Finding meaning in the role of caregiver
	gratitude and appreciation	- Gaining recognition from the healthcare team - Patient Gratitude - Obtaining acknowledgments from other family members

Also, caregivers seek to find support systems, creating stronger social networks.

*“They had a training class in the hospital, they had gathered about 20 of us who had patients, and they were giving us a series of training... After a few sessions, one of the group members suggested that we form a group and ask each other our questions there. I think this group is very helpful for us”*(F4).

The items in this theme indicate that receiving and providing mutual support between family members and peer groups can be one of the greatest examples of social capital and increasing psychosocial health in family caregivers of patients with chronic mental disorders.

### **Emotional and psychological well-being**

Emotional and psychological well-being is an integral part of overall health. In this study, the acquisition of “personal good feeling” and “increased resilience” in family caregivers of patients with chronic mental disorders could be considered as criteria of emotional and psychological well-being, and among the positive experiences of caregivers of patient care.

A sense of worthiness, satisfaction with the way the patient is cared for, and satisfaction with the union created between family members can bring a sense of personal goodness in caregivers. One psychiatrist believes, *“When members of a family enjoy being together, and support each other, they are more successful in caring for the patient. This gives them a sense of personal satisfaction and a sense*

*of worth”* (P2).

Accepting the limitations caused by illness, feeling stronger, increasing patience and compassion, and sensitivity to the needs of others are the items experienced by caregivers that can help them cope with care problems and make them resilient in a way.

*“My family and I feel that since this problem came to us, our patience has increased overall, and we have learned what to do when we encounter certain problems. Of course, these problems are not just a care problem. Now we are completely strong”* (F6).

The findings of this theme indicate that mental health care providers can use different resilience models to improve the level of psychosocial health of caregivers and can be of great help in bringing caregivers to a sense of self-worth and personal good feeling, and ultimately, emotional and psychological well-being.

### **Caring as a meaningful role**

The concept of care was recognized as a developing connection, and an opportunity to manifest affection and humanity, which was recognized through finding a sense of purpose and meaning in life and the way of care, as well as receiving appreciation for the services provided to the patient. “Purpose and Meaning” and “Receiving Appreciation” are the two main categories engraved in this theme.

*“It's indeed very difficult to take care of these patients, but sometimes we can feel good about our lives. I know*

*how important health is... How important my role is in my patient's life and that I am the one who can take care of him" (F10).*

Another dimension found in this theme was receiving appreciation from the patient, other family members, and members of the health care team.

"When I hear my mother telling others that I'm working too hard, I get very happy. I shed tears of joy and say that all this effort is worth it" (F3).

Family caregivers, by understanding their role in life, have made an effort to improve their knowledge and skills, and by connecting to the higher power of the universe, they have achieved spiritual peace, by which they achieve personal growth and self-awareness.

## Discussion

This study aimed to elucidate the positive psychosocial experiences of family caregivers of patients with chronic mental disorders. Findings from in-depth interviews revealed shared experiences among study participants.

One of the primary categories was personal growth and self-awareness. Generally, personal growth involves a sense of continuous development, acquiring new experiences, and observing improvements in one's abilities and behaviors over time (24). Individuals with high levels of personal growth exhibit characteristics such as effective adaptation to various situations, overcoming stressful conditions, a better quality of life, and higher problem-solving abilities (25). Based on the results of this study, the experience of caregiving can provide an opportunity for personal growth and increased self-awareness among caregivers. Increased self-esteem, spiritual growth, knowledge acquisition, and skill development emerged as the sub-categories of personal growth and self-awareness.

Caregivers' self-esteem, as a positive aspect of caregiving, includes feelings of confidence, competence, pleasure, and reward derived from engaging in the caregiving role (26). In general, caring for a patient increases caregivers' sense of responsibility and worth, helping them learn new skills and increase their self-awareness of their abilities (27). Ashrafizadeh et al. and Schulz et al. found in their study that the experience of caregiving can lead to positive outcomes such as increased self-awareness and more self-respect, better adaptation to circumstances, self-belief, and enhanced caregiving abilities in family caregivers (28, 29). The results of Mishra et al.'s study also showed that caregiving can enhance personal growth and feelings of success, contributing to the well-being of caregivers (30). The results of another study showed that family caregivers achieved self-satisfaction, pleasure, calmness, and pride from providing effective care, which resulted from the effectiveness of their actions, aligning with the findings of this study (31).

Caring for others usually strengthens the spiritual aspects of a person. Through faith, prayer, and trust in God, caregivers find a source of comfort and hope. This spiritual experience helps them cope better with the challenges of caregiving (31). Participants often reported

that caring for patients made them grateful for their health and motivated them to take care of themselves. In this regard, Rahimi et al. also stated in their study that caregivers engage in activities such as exercise, adequate rest, and attention to spiritual matters to maintain or improve their health (32). Farhadi et al. also stated in their study that caregiving led to a change in perspective on life, deeper thinking about the philosophy of life, a deeper connection with God, appreciation of life's blessings, being grateful for God's blessings, and hope in God (31).

This study found that caregivers often turned to prayer for the patient's recovery. Rassouli et al. noted that both patients and caregivers engaged in worship, including prayer, for healing (33). Family caregivers expressed hope and optimism regarding health outcomes. Initially, the diagnosis and treatment changes caused despair among family members, but over time, witnessing positive changes in the patient, such as acceptance and recovery, fostered hope (34).

Based on the findings of this study, caring for family members significantly increases caregivers' skills and competencies over time. In this regard, Charlambous has shown that family caregivers often develop skills in medical tasks such as administering medication, monitoring symptoms, and managing chronic conditions, even without formal training. These skills improve through experience and can reach a level comparable to professional caregivers, increasing their confidence in their caregiving abilities (35). Cheng et al. also showed in their study that family caregivers were constantly updating their knowledge about the disease, how to manage the side effects of treatment, and the progression of the disease (36). Additionally, improving problem-solving skills helps them make better decisions about their patients' care and cope with stress more effectively (37).

Another main category was social and family relationships. The findings of this study show that family caregiving can strengthen social and family relationships. Family support and social bonding emerged as sub-categories. One of the key results is the improvement of family relationships, which arises from sharing positive and negative experiences among family members. This sharing of experiences not only improves relationships but also strengthens family cohesion in the caregiving process (38). Mutual care and support for each other are other important dimensions that show how caregiving roles in the family lead to increased positive interactions (32).

In the area of social bonding and support, the findings show that many caregivers seek social support as a coping strategy. This search includes receiving psychological and social support through religious groups and peer networks. Studies show that membership in religious and social groups helps strengthen feelings of empathy and sharing knowledge with other caregivers (39). Sharing experiences and knowledge with peers in such networks can improve caregiving skills and reduce care-related stress (40, 41).

Another main category found in this study was

emotional and psychological well-being. Caregiving can have a significant and positive impact on the emotional and psychological well-being of family caregivers. Family caregivers have reported reduced experiences of symptoms such as depression and improved mental health as positive experiences of caregiving (42). A sense of personal well-being and resilience emerged as sub-categories of emotional and psychological well-being.

Caregivers often experience satisfaction from providing effective care to their loved ones, which can contribute to their psychological well-being (43). In this regard, Lun et al. showed in their study that family caregivers who cared for their relatives often reported high levels of life satisfaction (44). However, the results of a review study emphasized the increase in psychological stress, anxiety, and depression as negative aspects of family caregiving (43). This may be due to the fact that family caregivers often tend to take on more caregiving responsibilities and spend more time performing caregiving tasks, and consequently, have less time for self-care. On the other hand, the complex process of illness and treatment, the worsening condition of the patient, and the lack of supportive resources may also affect this situation.

Based on the results of this study, one of the initial positive outcomes mentioned among family caregivers was an increased ability to cope with challenges and develop resilience. In this regard, Cheng et al. showed in their study that providing care by family caregivers over time increased their patience and tolerance (36). Additionally, gaining knowledge about the disease and the limitations resulting from it strengthens the adaptability and emotional flexibility of family caregivers (45).

The findings also showed that caregivers have come to accept the limitations imposed by their loved ones' illnesses during the caregiving process. Schulz et al. also emphasize that caregivers who adopt an accepting attitude toward the realities of illness experience better mental health outcomes. Acceptance allows caregivers to shift their focus from what cannot be changed to finding meaning in their caregiving role and increasing their caregiving abilities (46). In this regard, Wang et al. also stated that acceptance of the limitations imposed by the illness is crucial for caregivers, reduces emotional distress, and helps caregivers focus on providing better care (47).

Caregivers in this study also reported an increase in patience and compassion over time, indicating a deep emotional engagement with their caregiving role. This transformation is often described in terms of "compassionate care," where the caregiver's empathy with their patient is strengthened during the caregiving process (48). In this regard, Lloyd et al. found that caregivers often experience increased patience, which allows them to more effectively manage the frustrations associated with caregiving (18).

The results of this study also showed that caregivers become more sensitive not only to the person they care for but also to the needs of others. This finding is consistent with the results of Beadle et al.'s study, which shows that

the experience of caregiving often increases empathy and awareness of others' needs (49).

Another main category was care as a meaningful role. In general, caregiving gives individuals an identity and strengthens their sense of self-worth (36). Purpose and meaning and gratitude and appreciation emerged as sub-categories.

Caregivers reported finding purpose and meaning through their role, which is consistent with the theory of well-being, where deep and lasting satisfaction is achieved through experiencing meaningful activities rather than mere pleasure (50). Many participants noted that caregiving, especially in difficult life circumstances, gives them a sense of direction. In this regard, Lloyd et al. also found that caregivers often redefine their life's purpose through their roles and use their responsibilities as a central component of defining their sense of self (18). Cheng et al. also noted in their study that caregivers often see their role as an integral part of their identity and they have mentioned that caring for loved ones gives them a reason to continue living (36).

Another significant finding was the experience of gratitude, both from healthcare professionals and patients themselves. In general, the appreciation that caregivers receive from patients helps them cope with the stress associated with their role and increases their motivation to provide care (36). In this regard, Farhadi et al. also mentioned the pleasure derived from being appreciated by the patient as one of the positive experiences of family caregivers (31). According to the results of this study, caregivers also mentioned the importance of receiving appreciation from other family members. Giligan et al. have stated that receiving acknowledgment from the family plays a significant role in reducing caregiver stress and increasing their resilience (51).

Eghtedar et al. also demonstrated in their study that receiving appreciation and thanks from family and society can lead to improved treatment outcomes, reduced stress and anxiety, and increased quality of life for both patients and family caregivers (34). Based on the results of this study, receiving thanks from the healthcare team was also one of the positive experiences of family caregivers. In this regard, Schulz et al. stated that recognition of the caregiver by healthcare professionals is very important for their emotional well-being (38).

## Conclusion

This study adopted a novel perspective to explore the experiences of family caregivers of patients with mental disorders. The positive psychosocial experiences of family caregivers of patients with chronic mental disorders encompassed four main categories: personal growth and self-awareness, social and family relationships, emotional and psychological well-being, and care as a meaningful role. By understanding the experiences of family caregivers, treatment teams can design evidence-based and family-centered programs aimed at strengthening and facilitating caregivers' abilities, increasing their calmness, coping mechanisms, resilience, spiritual growth, hope,

and positive attitudes. This allows family members to effectively manage the disease within the family. Additionally, recognizing and paying attention to the experiences of family members caring for these patients can improve the quality of care and support provided to both patients and their families. Furthermore, identifying positive caregiving experiences among caregivers can lay the groundwork for developing programs and conducting various quantitative and mixed-methods studies aimed at enhancing adaptation and ultimately increasing the level of psychosocial health among family caregivers of patients with chronic mental disorders. This can also encourage policymakers in the mental health sector to place greater emphasis on the strengths and supportive resources of these individuals. This study was conducted with xxx participants, and the characteristics of the xxx healthcare system and xxx culture may not reflect the positive experiences of family caregivers from other countries. Additionally, the data was collected from family caregivers of patients with mental illnesses, and it cannot be generalized to family caregivers of other diseases. Conducting studies in different ethnic groups and caregivers residing in less developed areas, such as villages and small towns, is also recommended.

#### Authors' Contribution

Conceptualization: Fatemeh Lohrasebi  
 Data curation: Fatemeh Lohrasebi  
 Formal analysis: Mousa Alavi  
 Funding acquisition: Narges Hashemi  
 Investigation: Fatemeh Lohrasebi  
 Methodology: Mousa Alavi  
 Project administration: Narges Hashemi  
 Resources: Narges Hashemi  
 Software: Narges Hashemi  
 Supervision: Narges Hashemi  
 Validation: Mousa Alavi, Narges Hashemi  
 Visualization: Mousa Alavi  
 Writing – original draft: Fatemeh Lohrasebi

#### Competing Interests

No competing interests.

#### Ethical Approval

The study received ethical approval from the Isfahan University of Medical Sciences Ethics Committee, under the code IR.MUI.NUREMA.REC.1403.082. All procedures involving human participants were conducted in accordance with ethical standards set forth by the Institutional Review Board and the Declaration of Helsinki. Written informed consent was obtained from all participants prior to their involvement in the research.

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