

DEPRESSION AND QUALITY OF LIFE AMONG CAREGIVERS OF PEOPLE AFFECTED BY STROKE

Touseef Khalid,* Rukhsana Kausar

ABSTRACT

The aim of this study was to investigate depression and quality of life among caregivers of people affected by stroke. It was hypothesised that caregivers would exhibit high level of depression and that there was negative relationship between depression and quality of life among caregivers. The sample comprised of 25 caregivers of people affected by stroke. Hospital Anxiety and Depression Scale and WHO Quality of Life Scale were administered to assess depression and quality of life respectively. It was found that almost half of the carers were depressed while some of them were at risk of developing depression, and that depression affected their quality of life.

INTRODUCTION

The present study was conducted to investigate depression and quality of life among caregivers of people affected by stroke. It has been argued that caregivers are the backbone of the service provided to people affected by stroke. A caregiver has to do a number of things, for example, lifting, turning him or her in bed, bathing, dressing, feeding, cooking, shopping, paying bills, giving medicines, keeping him or her company, providing emotional support etc (1). The shift from institutional care to community care makes the impact of stroke caregiving more profound than ever before.

Stroke is the third leading cause of death and the most common disabling disease. The amount of time a caregiver spends helping people affected by stroke and the caregiver's state of health are significantly associated with the level of strain and depression (2). The spouse, children and siblings are visually identified as caregivers (3). Stroke caregivers have a high risk of depression and psychological morbidity, and they perceive caregiving as

a burden in terms of feelings of heavy responsibility, uncertainty about care needs, constant worries, restraints in social life, and feelings that the affected persons totally rely on their care (4). Depression is an effect of caregiving that has been widely examined and reported among caregivers, especially among women and those younger in age (3). Kausar (5) examined the relationship of the carer's primary appraisal (stress, threat, challenge and centrality), secondary appraisal (carers' perception of caregiving as control by self, control by others and uncontrollability) and coping strategies in carers of physically disabled persons in Pakistan. Results indicated that the carer's primary appraisal of concerns and worries about physical disability had a strong relationship with anxiety and depression in carers. Financial concerns and carer-patient relationships were strong predictors of depression in carers.

A study on depression in caregiver spouses of people with cancer (6) in Pakistan revealed that female caregiver spouses manifested more depression than males. Depression severity is the greatest predictor of poor quality of life. In analysing reports of 256 carers, it was found that caring for an incapacitated individual worsened health, impaired social and family life and increased stress, anxiety and depression among carers (7). Caregiver Quality Of Life (QOL) was adversely influenced by disability of the affected person and by the caregiver's age, gender, and physical health (8). Another study on quality of life in people affected by stroke and their partners, found the impact on the QOL of partners, prominently in the psychosocial domains. This is in keeping with increased emotional distress found in spouses or caregivers of people affected by stroke in general. Partners reported feelings of anxiety and uneasiness (9).

Based on the earlier literature, it was hypothesised that caregivers of people affected by stroke, exhibit high level of depression, there is a negative relationship between depression and quality of life among caregivers of people affected by stroke and that there is a negative relationship between depression and physical, psychological and social quality of life of caregivers.

METHOD

Participants

The sample comprised of 25 caregivers of people affected by stroke: 17 male caregivers and 8 female. The caregivers' age range was from 21 to 45 years and only younger adults were

included because older adults may not have been able to provide care to the affected persons and old age itself might pose health problems. All the caregivers were educated enough to understand questionnaires in Urdu language. Any type and severity of stroke was included but caregivers with any past psychiatric illness, severe physical illness or who were uneducated, were excluded.

Measures

A detailed demographic questionnaire was used for getting the demographic information, which was developed by the researcher.

The Hospital Anxiety and Depression Scale (HADS) is a self-assessment scale that has been developed and found to be a reliable instrument for detecting states of depression and anxiety in the setting of a hospital medical outpatient clinic. The scale was originally developed in English (10). The HADs contains 14 items and consists of two subscales: anxiety and depression. In the present study only those items were used which measure depression. HADS was translated into Urdu by the researcher.

The WHO Quality Of Life Scale (QOL) was developed by the WHO QOL group in 1996 (11), containing 26 questions. The four domain scores denote an individual's perception of quality of life in each domain. WHO QOL scale was translated into Urdu by the researcher.

Research Design

Correlation research design/within subject design was used in this research to find out the relationship between depression and quality of life among caregivers of people affected by stroke.

Procedure

After obtaining official permission from hospitals, caregivers were approached with the help of concerned doctors. Informed consent was taken from those participants who agreed to participate and fulfill the required criteria. The researcher briefed the participants about the research process, took their written consent and assured them of the confidentiality.

RESULTS

In the present study, carers were categorised according to the degree of severity of depression that they reported. Categorisation was under categories of normal, borderline and depression as per the procedure prescribed in the manual of HADS.

Results showed that almost half the caregivers were depressed (48%) and a quarter scored at the borderline (24%) i.e. they were at risk of developing depression (Table 1).

Table 1. Level of Depression among caregivers (N=25)

Levels of Depression	Frequency	Percentages	χ^2	P
Normal	7	28%	2.48	.298
Borderline	6	24%		
Depressed	12	48%		

Caregivers' score on the QOL scale showed that carers scored lower on social QOL and psychological QOL indicating that caregiving responsibility had adversely affected social and psychological health of carers (Table 2).

Table 2. Descriptive statistics of Quality of Life and its dimensions (N=25)

	Mean	Standard Deviation
Total	83.00	13.74
Environmental (QoL)	23.88	5.36
Physical (QoL)	23.08	3.62
Psychological (QoL)	18.72	3.42
Social (QoL)	10.24	2.42

Creational analysis was carried out to examine relationship between carers' quality of life and depression. Results indicated that there is a negative relationship between quality of life and depression (Table 3).

Table 3. Correlation between Depression and Quality of Life (N=25)

	Scores of QOL	Physical Dimension	Psychological Dimension	Social Dimension	Environmental Dimension
Depression	-.581**	-.404*	-.515**	-.467*	-.569**

p<.05* p<.01**

Further analysis revealed that caregiver's age had negative relationship with social quality of life indicating that social quality of life of younger carers was adversely effected. The affected person's age had a negative relationship with the carer's depression. Carers of younger patients experienced more depression. Moreover, the carers income had significant negative relationship with depression (Table 4).

Table 4. Correlation between Caregiver's age, Caregiver's Monthly income, Affected person's age, Depression and Quality of Life (N=25)

	Score of HADs	Score of QOL	Physical Dimension	Psychological Dimension	Social Dimension	Environmental Dimension
Caregiver's Age	-.021	-.297	-.265	-.160	-.396*	-.076
Caregiver's Monthly Income	-.404*	.360	.198	.305	.333	.371
Affected Person's Age	-.454*	.344	.357	.326	.258	.266

DISCUSSION

Results of the study revealed that almost half the caregivers of people affected by stroke were experiencing depression and about a quarter were at risk of developing depression. The findings are consistent with earlier research (12) which revealed that caregivers reported depression even more than the affected persons themselves.

This study found that there was a negative relationship between the depression and QOL among caregivers and there is significant relationship with total QOL as well. Caregiver depression was best predicted by lower life satisfaction, lower physical functioning, and a lack of tangible social support (7), but the physical dimension relationship between depression and QOL was not significant in this study as compared to other dimensions because caregivers included in this study were healthier and did not have any physical and psychological ailment. Caregivers' social QOL showed less correlation with depression as compared to other dimensions and the reason could be that in Pakistan more social support is available and most of them were satisfied with their personal relationship and support received by their family members and friends. However their social life is affected because of the responsibility and time spent on caregiving. Similarly, Rhodes, Lin, and Streiner (13) found that social isolation was related to both caregiving and depression. Caregiving leads to isolation, which in turn leads to depression.

Psychological dimension of QOL was significantly negatively correlated with depression. While environmental dimension of QOL showed high negative correlations with depression, it indicated that participants were not happy with their surroundings and did not have a conducive environment such as residential and transportation facilities.

Monthly income of caregivers has a negative relation with depression and thus due to lack of a monthly income, QOL also suffers. Less income relates with depression because of economic strain. Carers who have lower incomes and less facilities experience particular difficulties (7).

Due to the heavy burden and responsibilities, carers of people affected by stroke experience depression and depression affects the QOL. Almost half the carers showed depression while some of them were at risk of developing depression. Caregivers' psychological health is at heightened risk and social life becomes limited as well. Their physical health is also affected

and satisfaction with the environment is also reduced. Patients' age also contributed to depression. Caregivers' age affects their social QOL.

This study highlights the importance of provision of psychological services for caregivers. This study can be effective for counselling and any possible intervention of caregivers, so that they can provide effective care to the people affected by stroke and can maintain their own emotional health and quality of life.

*Address for Correspondence
Fatima Jinnah Women University
Rawalpindi Pakistan
E-mail: Touseef_sep82@yahoo.com

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