

AGE DIFFERENCES: STRESS APPRAISAL AND LIFE SATISFACTION AMONG FAMILY CAREGIVERS OF CHRONIC PATIENTS

Shamsa Riaz¹, Abdur Rashid²

¹Foundation University Islamabad-Rawalpindi Campus;

²Army Special Education Academy, Rawalpindi, PAKISTAN.

¹shamsa.riaz47@gmail.com, ²drashidcac@yahoo.com

ABSTRACT

Informal caregivers such as family members, neighbors or friends who take care of individuals suffering from chronic illness are called family caregivers. Research was conducted to measure age differences on premise of stress appraisal and life satisfaction among caregivers of chronic patients. Sample was comprised of 300 caregivers of cancer, cardiac and kidney patients from different hospitals of Islamabad and Rawalpindi. Standard research tools such as caregiver self-assessment questionnaire (CSAQ) to investigate stress and Quality of life enjoyment and satisfaction questionnaire short form (QLESQSF) to measure life satisfaction were used. Results depicted that there are no significance age differences among caregivers on the basis of stress and life satisfaction. This research is good reference for the caregivers' families as well as health professionals to understand their situation and help them overcome the burden to maintain their life style and health.

Keywords: Informal Caregivers, Stress Appraisal, Life Satisfaction, Terminal Illness

INTRODUCTION

According to Psychology, stress is defined as feelings of pressure and strain. Little amount of stress is beneficial for health. Performance of athletic can be improved by positive stress. It also plays a role in adapting, reacting to the environment positively and motivating whereas its excessive amount can cause physiological symptoms. It can increase risk of chronic diseases such as stroke, ulcers, heart attacks, psychological illness, and dwarfism (Sapolsky, 2004). The stress can cause by internal or external factors. If stress is caused by internal perception it triggers anxiety and other psychological difficulties (Jones et al., 2001).

Most often stress is defined as feeling of being worried, and overwhelmed. It can affect all genders, ages, or situations and lead to both psychological and physical health issues. It is also defined as any uncomfortable psychological experience with predictable biochemical, psychological, and physiological changes (Baum, 1990). Caregivers support patients during the course of disease and have major involvement in patient's care (Black, Hawks & Keene, 2001). Most of the terminally ill people are cared for by family members. It causes mental and physical stress, reduced social and personal activities along with financial problems on caregivers (Choi & Eun, 2000).

The life satisfaction is defined as a happiness and joy that comes when an individual thinks of entire life and it depends on subject's psychological state. Life satisfaction is the way from which subjects evaluate their lives, feelings and options for the future. It measure overall wellbeing of the subject and assess the relationships, mood, achieved goals, self-concept, and ability to cope with different situations. It shows positive attitude of a subject towards life. Similarly, quality of life is described as a good life with respect to various aspects, for example, sociology, psychology, health care, medicine and economy. A scope and degree of measuring quality of life differ in terms of these areas (Bishop et al., 2008). Life satisfaction

is actually an individual's attitude to his way of life in relation to and through which subject is passing and measures in term of aims, expectations, goals, and achievements (Frain et al., 2008).

Williams and Bakitas (2012) stated that many informal caregivers of cancer patients struggle to explore meaning in their experience of caregiving, struggle with an uncertainty, and struggle with confronting the mortality. Young adult caregivers were given with important developmental needs and a lack of available resources and interventions. Consequently they experienced high social isolation, setbacks with life goals, interruptions, perceived stress, caregiving burden, interruptions, and psychological distress. Burden of stress effects due to medical care of patients of cancer in advanced stages was studied by O'Hara et al., 2010. Stress has effect on caregivers' health, more on younger caregivers than older caregivers take high level of stress and couple caregivers were reported to have adverse effects on marital bonds and satisfaction (Tsai & Jirovec, 2005).

A research carried out by Carter, et al., 2008, demonstrated that the life satisfaction of caregivers is also based on relationship of caregiver with the care recipients, a degree of stress. Younger caregivers are prone to experience more stress and low life satisfaction. Pinquart and Sorenson's (2007) research revealed that a high level of depression results in old aged caregivers and high level of stress in younger caregivers. It resulted because of few external resources for coping such as time and money for old aged caregivers while more compelling roles such as responsibilities of caregiving and jobs for younger caregivers.

Rationale

Burden of caregivers includes psychological, physical, comprising of financial cost of taking care of patients. They have to suffer from persistent psychological issues, and negative experiences (Simon et al., 2013; Parks & Novielli, 2000). There are negligible facilities available for training of caregivers in our country. Cancer, cardiac and kidney illnesses are long term diseases and leave dire impacts on family caregivers. Financial problems are predominant with every next family caregiver. Affording daily expenses during treatment, transport, food charges, their family day to day expenses and other necessary facilities for patients is very tough in our society. Family caregivers have almost no support from their family members or health professionals. These difficulties along with several other issues faced by caregivers of chronic patients became the strong rationale for present research which was aimed to highlight caregivers' level of stress and life satisfaction.

METHODOLOGY

Sample Description

Sample size of 300 research participants has been taken from various hospitals of Islamabad and Rawalpindi. One hundred participants of above 20 years of age comprising both males and females were selected from each study group such as 100 caregivers of cancer patients, 100 caregivers of cardiac patients and 100 caregivers of kidney patients. Age categories for sample were set on the basis of Erikson's psychological theory of development. Research data was collected using purposive sampling technique and caregivers of cancer, cardiac and kidney Patients.

Assessment Protocols

Caregiver self-assessment questionnaire (CSAQ)

CSAQ was developed by American Medical Association to measure level of stress and health of the caregivers who take care of the individuals suffering from different illnesses (Epstein-Lubow et al., 2010). CSAQ consists of 18 items with two points likert scale as 1=Yes, 2=No. Item no. 5 and 15 were negatively scored. Reliability of scale is .71.

Quality of life enjoyment and satisfaction questionnaire-short form (QLESQSF)

QLESQSF was developed by Jean Endicott et al., 1990, to measure the satisfaction's level of the subjects with life. It contains 16 items with no reverse of coding and 5 points likert scale as 1=Very Poor, 2=Poor, 3=Fair, 4=Good, 5=Very Good.

Reliability of QLESQSF is .92.

Procedure

The study was carried out as per guidelines of Research Committee of Foundation University Islamabad and APA declaration. It is a cross-sectional study with survey method in which data was collected from participants at same time span and researcher interacted only once with the subjects. Before collecting data authorization was taken from concerned departments of the health care units officially. Researcher personally collected data from various hospitals of Islamabad and Rawalpindi, Pakistan. Informed consent was handed over to subjects to sign prior to the recruiting them in study and data collection. Subjects were made assured that their confidentiality and anonymity would be kept up in research and information be just utilized for study purposes. After obtaining informed consent research tools such CSAQ and QLESQSF were handed over to subjects for to complete. Study data was analyzed by running reliability and one way ANOVA analysis using SPSS.

RESULTS

Table 1. Psychometric properties of the CSAQ and QLESQSF

Variable	K	M	SD	A	Range		Skew	Kurtosis
					Actual	Potential		
CSAQ	16	23.11	3.24	.71	14-28	1-30	.004	-.768
QLESQSF	14	47.42	95.10	.92	18-68	1-70	-.412	-.510

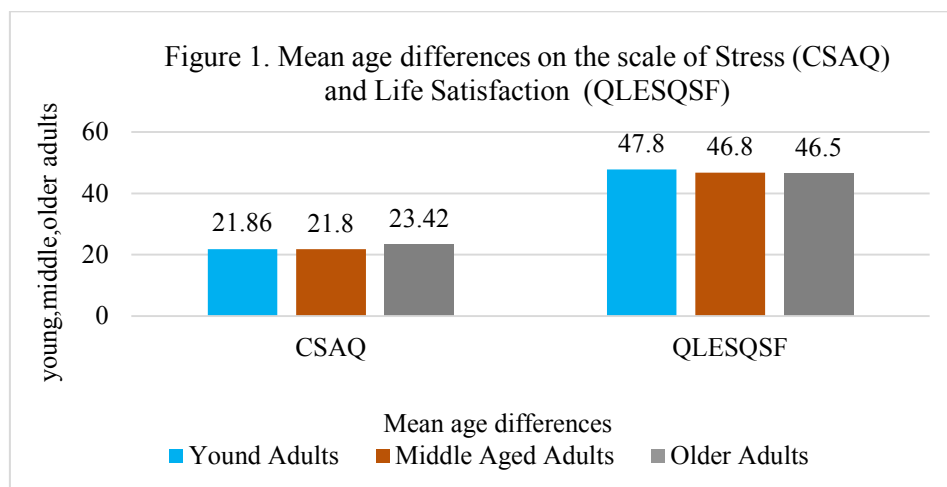
Note. Table 1 depicts the cronbranch alpha reliability of study variables. Research scales depicted good alpha reliability such as CSAQ (Caregiver Self-Assessment Questionnaire) = .71 and QLESQSF (Quality of Life Enjoyment and Satisfaction Questionnaire Short Form) = .92.

Table 2. Means, Standard deviation and one way ANOVA of scores across age categories of caregivers

Variables	Stress and Life Satisfaction								
	Young Adults (n=189)		Middle Aged Adults (n=97)		Older Adults (n=14)		F	P	η^2
	M	SD	M	SD	M	SD			
CSAQ	21.86	3.09	21.80	3.25	23.42	3.43	1.69	.18	0.01
QLESQSF	47.80	9.4	46.80	10.00	46.50	12.33	.40	.67	0.00

Note. N=300, CSAQ= Caregiver Self-Assessment Questionnaire; QLESQSF= Quality of Life Enjoyment and Satisfaction Questionnaire Short Form.

Table 2 depicts high level of stress among older adult caregivers however statistically not significant as p value is higher than .05. Similarly life satisfaction is low among older adults but statistically not significant as p value is higher than .05.



DISCUSSION

It was hypothesized in the study that there exist age differences among caregivers of cancer, cardiac and kidney patients on level of stress and life satisfaction. The hypothesis of the study is not supported by results. Results depicted that there is no significant age differences on level of stress among older adult caregivers, younger adults and middle aged adult caregivers (Table no. 2). However, literature suggested that younger caregivers experience high level of stress as compared with older ones. Pinquart & Sorensen (2007) stated about physiological well-being of family caregivers by evaluating 176 researches and found, the old age caregivers and men caregivers suffer more from stress. They had worse physical health. Study showed as stronger association between physical health and caregiving among men caregivers. Similarly, previous studies also claimed that younger caregivers depict low life satisfaction. A research carried out by Carter et al., 2008, demonstrated that the caregivers' quality of life is also based on relationship of caregiver with the care recipients, a degree of stress. Younger caregivers are prone to experience more stress and low life satisfaction.

In our culture caregivers of all ages experience more burden and responsibility. They have a large no. of responsibilities to undertake being the caregivers. Responsibilities of people from all age groups are divided. Older caregivers have to dedicate themselves for their patients fully. They give their most of the time and assistance. At the same time, it is genuinely known that older people's will power to resist changes is on the decline and they have their own issues of health, business, finances and family obligations. Similarly, younger caregivers have to do their jobs, studies or both along with looking after their patients. They also do not have proper training and guidance about caregiving and managing their own life along with this tough job.

As brought out earlier, in our culture caregivers of all ages are affected by caregiving to their love ones. They experience a no. of difficulties resulting in low level of life satisfaction. They also suffer from internal and external stressors along with persistent caregiving burden. This burden increases much more for caregivers of patients with cancer, cardiac and kidney diseases especially due to lack of sufficient resources and proper training. As brought out earlier, in our culture older caregivers experience more burden and responsibility along with

their own health issues than younger caregivers. They have a large no. of responsibilities to undertake along with being the caregivers.

CONCLUSION

Family caregivers face a lot of difficulties while taking care of their loved ones suffering from chronic illnesses. They belong to different age groups and background. Present research was led to investigate age differences among caregivers of chronic patients, for case, cancer, cardiac and kidney patients on basis of stress appraisal and life satisfaction. Results depicted that there are no significant age differences among caregivers on the basis of stress level and level of life satisfaction. The caregivers of all the age groups experience high stress level and low life satisfaction's level.

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