



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2016; 2(7): 298-301
www.allresearchjournal.com
Received: 12-05-2016
Accepted: 13-06-2016

Harsh Raman
M.Sc Nursing Student at MM
University, India.

Vinay Kumari
Associate Professor, Medical
Surgical Nursing Department,
at MM University, India

Sembian N
Associate Professor, Medical
Surgical Nursing, UPRIMS &
R, Govt Nursing College,
Saifai, India.

Adiba Siddiqui
Associate Professor, Obstetrics
And Gynaecology Nursing
Department, at MM
University, India.

Correspondence
Harsh Raman
M.Sc Nursing Student at MM
University, India.

A study to assess the relationship between quality of living and level of dependency among caregivers of dependent patients in M.M.I.M.S & R Hospital Mullana, Ambala, Haryana

Harsh Raman, Vinay Kumari, Sembian N and Adiba Siddiqui

Abstract

Objective: To assess the level of dependency of dependent patients, to determine the relationship between level of dependency with Quality of living of caregivers of dependent patients, to determine association of caregiver's Quality of living with level of dependency of dependent patients admitted in M.M.I.M.S & R Hospital Mullana, Ambala, Haryana.

Methods: Non Experimental research approach with correlational research design was adopted on the 100 caregivers of dependent patients suffering from chronic illness and admitted in M.M.I.M.S & R Hospital Mullana, Ambala, Haryana. Purposive sampling technique was used and data was collected by care dependency scale, WHO-QOL Questionnaire.

Result: The result showed that according to level of dependency 1/3rd of the patients (32%) were partially care dependent. Majority (89%) of the caregivers had little or no burden as a caregiver of dependent patients. The majority of caregivers (82%) were having poor quality of living. The caregivers of limited extent care dependent patients had the highest mean QOL score (80.04±11.77). Five areas of quality of living such as Global, Physical, Psychological, Social and Environmental shows Mean and Standard Deviation of Quality of living scores as, 5.44±1.38, 22.86±4.33, 19.5, 19.17±3.81, 10.77±1.91 and, 21.00±5.14 respectively. There is positive correlation between care dependency and QOL of caregivers of dependent patients. There was no significant association of QOL of caregivers with the level of dependency of patients.

Conclusion: The study concluded that there is a significant relationship between quality of living and level of dependency.

Keywords: Quality of living, caregivers, level of dependency, dependent patients

1. Introduction

Care of a family member results in various adaptations in family routines, particularly for caregivers. This job is very often done on a full-time basis and without the help of other people, which forces caregivers to give up work outside the home and allows less free time. This can result in negative impacts on personal and professional relationships. The exercise of care can affect caregivers' social networks, as contacts are less frequent^[1].

Family caregivers are essential partners in the delivery of complex health care services this case exemplifies the associated caregiver burden and stress. Unlike professional caregivers such as physicians and nurses, informal caregivers, typically family members or friends, provide care to individuals with a variety of conditions, most commonly advanced age, dementia, and cancer^[2].

Care giving is deleterious to one's health, increased attention is being paid to the day to day well-being of caregivers. Compared to non-caregivers, caregivers often experience psychological, behavioral, and physiological effects that can contribute to impaired immune system function and coronary heart disease, and early death^[3].

As a researcher it is observed that caregiving is extremely stressful and burdensome, with negative consequences for the physical and emotional health of caregivers.

Researcher could locate only few studies about the relationship between caregivers 'burden and Quality of living. Therefore, the present study has been undertaken to assess the relationship between quality of living and burden among caregivers of dependent patients.

2. Methodology

The Quantitative research approach with Non experimental correlational research design was selected for the present study. A formal approval was obtained from the authorities and ethical consent was obtained from all subjects. A total of 100 caregivers of dependent patients suffering from chronic illness and admitted in M.M.I.M.S&R Hospital Mullana, Ambala, Haryana were selected by purposive sampling technique. Participants were eligible if they were Present at the time of data collection and can understand Hindi or English. Caregivers below the age of 18 years were excluded from the study. Care dependency scale, WHO-QOL Questionnaire and modified caregivers burden scale were used to collect the data. Pretesting of the tool (care dependency scale, WHOQOL-BREF and Modified care givers burden scale) was done to check the clarity of the items; their feasibility and practicability by administering it to 15 caregivers of dependent patients admitted in Intensive care unit in M.M.I.M.S&R Hospital Mullana, Ambala. The subjects chosen were similar in characteristics to those of the population under study. It was found that it took approximately 10 minutes to fill the care dependency scale and 30-35 minutes for the WHOQOL-BREF questionnaire and 20 minutes to fill the modified care givers burden scale. It found that the items were clear and unambiguous. Reliability of the tools was checked by Cronbach's Alpha and it was 0.70,0.75 and 0.77 for care dependency scale, WHOQOL-BREF questionnaire and modified caregivers burden scale respectively.

Selected variables of caregivers, Level of dependency and quality of life were assessed with interview technique. It took

30 minutes for each sample. The data was analyzed by SPSS 16.0 version by descriptive statistics.

3. Result

Frequency and percentage distribution of dependent patients according to selected variables showed that nearly 1/4th of the patients (25%) were in the age group of 18-29 years, (26%) were in the age group of 30-41 years, (22%) were in the age group of 42-53 years and (27%) were in the age group of 54-65 years. More than half (60%) of the patients were male and 63% were having the medical condition. Nearly half of the patients (48%) were suffering from illness since 0-3 months.

Frequency and percentage distribution of dependent patients according to level of Dependency showed that 32% of the Patient were partially care dependent whereas only 4% of the patients were completely care dependent on their caregivers.

Range, Mean and Standard Deviation of level of dependency among care givers of dependent patients indicates that Mean score of level of dependency with standard deviation was 46± 12.95 and obtained Range was 17-68.

Table 1: Area wise Mean, Median and Standard Deviation of Quality of Living among caregivers of dependent patients according to level of care Dependency N=100

Area	Median	Mean±SD	Mean %	Rank
Completely care dependent	76	75.75±28.65	58.26	V
Great extent care dependent	80	78.47±10.40	60.36	IV
Partially care dependent	83	79.47±13.39	61.33	III
Limited extent care dependent	81.53	80.04±11.77	61.56	I
Almost independent	77	79.83±11.09	61.40	II

The highest score was in the area of limited extent care dependent with a mean score 80.04±11.77 and mean % was 61.56%.

Table 2: Item Wise Analysis and Rank of Each Statement of overall Care Dependency Scale of caregivers of dependent patients N=100

S. no	Items	Completely care dep (1) (f)	Great extent care dep(2) (f)	Partially care dependent (3) (f)	To a limited extent care dependent(4) (f)	Almost independent (5) (f)	Grand Total	Mean	Rank
1	Eating and Drinking	00	18	33	23	26	357	3.57	XIV
2	Continence	02	22	36	22	18	332	3.32	XI
3	Body posture	08	23	31	22	16	315	3.15	IX
4	Mobility	15	23	28	18	16	301	3.01	VIII
5	Day/night pattern	13	29	25	20	13	291	2.91	VI
6	Getting dressed and undressed	14	20	21	19	25	318	3.18	X
7	Body temperature	12	27	25	26	10	295	2.95	VII
8	Hygiene	19	26	20	24	11	282	2.82	IV
9	Avoidance of	12	35	19	29	05	280	2.80	III
10	Communications	03	17	42	20	18	333	3.33	XII
11	Contact with others	04	16	36	24	20	340	3.40	XIII
12	Sense of rules and values	01	01	07	06	85	473	4.73	XV
13	Daily activities	10	30	30	25	05	285	2.85	V
14	Recreational activities	09	53	28	09	01	240	2.40	II
15	Learning activities	19	51	21	08	01	221	2.21	I

Item wise rank distribution in each statement of overall care dependency scale of caregivers of dependent patients. This indicates that lower the score the higher will be the

dependency level and vice versa. This indicates that the lowest score 2.21 was in the learning activities the more the patients were dependent in this area and accordingly Rank I

was given in this item. The highest score 4.73 was in the area of sense of rules and values the patients were less dependent in this area on their caregivers so the Rank XV was given in this item.

Table 3: Frequency and percentage distribution of caregivers of dependent patients according to level of quality of living N=100

Quality of living	Actual Range	f (%)
Good	97-130	09
Fair	63-96	09
Poor	26-61	82

Minimum Score= 26 Maximum Score= 130

The frequency and percentage distribution of caregivers of dependent patients according to level of quality of living. This indicates that the majority of caregivers i.e. 82% were having the poor quality of living due to level of dependency of their patients. The higher will be the dependency level the lower will be the quality of living of the caregivers.

The Range, Mean, and Standard Deviation of Quality of Living among care givers of dependent patients indicates that the quality of living ranges from 49-106 whereas Median, Mean and standard deviation of quality of living score of caregivers of dependent patients were 79.24±12.95 respectively The Global area ranges from 2-9 where as Median, Mean and Standard Deviation of Quality of living 6.0, 5.44±1.38. The Physical area ranges from 12-32 whereas Median, Mean and Standard Deviation of Quality of living 24.0, 22.86±4.33 The Psychological area ranges from 9-27

Table 4: ANOVA value showing association of caregiver’s QOL with the level of dependency of dependent patients N=100

S.no.	Area	Mean	df	F value	P value
1	Completely care dependent	75.75			
2	Great extent care dependent	78.47			
3	Partially care dependent	79.47	4/95	0.212 ^{NS}	0.931
4	Limited extent care dependent	80.04			
5	Almost independent	79.83			

F(99)=2.64 at 0.05 level of significance

* significance (p<0.05)

The association of caregiver’s QOL with the level of dependency of dependent patients. F value showing there is no significant association of QOL of caregivers with the level of dependency of patients. Hence, the null hypothesis (H₀) is accepted and research hypotheses (H₆) is rejected at 0.05 level of significance.

4. Discussion

The present study shows that assessed 100 people aged b/w 18-65 years, among 32% of the Patient according to level of care dependency were partially care dependent whereas only 4% of the patients are completely care dependent. They assessed their socioeconomic profiles, disability, health status and health expenditures.

The similar study conducted by Ethel M Brinda, Anto P Rajkumar shows that researcher assessed 1000 people aged above 65 years, among whom 85 were dependent. They assessed their socioeconomic profiles, disability, health status and health expenditures. Average time spent on informal care giving was 38.6.

There is non significant positive correlation between care dependency and QOL of caregivers of dependent patients .i.e +0.117. As per the scoring of Care dependency scale, lower the score the higher will be the dependency. The highest quality of life scores was in the physical relations domain (24.0) and the lowest was in the social relation domain (11.00).

whereas Median, Mean and Standard Deviation of Quality of living 19.5,19.17±3.81 The social area ranges from 4-15 whereas Median, Mean and Standard Deviation of Quality of living 11.00, 10.77±1.91 The Environmental area ranges from 10-31 whereas Median, Mean and Standard Deviation of Quality of living 20.5, 21.00±5.14

Item Wise Analysis and Rank of Each Statement of WHOQOL of caregivers of dependent patients. The maximum gain in the global domain is “How satisfied are you with your health” with mean score of 3.10 and having rank I. The maximum gain in the physical domain is “How satisfied are you with your sleep” with mean score of 3.64 and having rank I the maximum gain in the psychological domain is “To what extent do you feel your life to be meaningful” with mean score of 4.07 having rank I. The maximum gain in the social domain is “How satisfied are you with your sex life” with mean score of 3.95. The maximum gain in the environment domain is “How healthy is your physical environment” with mean score of 2.90 with rank I

There is non significant positive correlation between care dependency and QOL of caregivers of dependent patients .i.e ±0.117

Note: As per the scoring of Care dependency scale, Lower the score the higher will be the dependency. The scoring of QOL tool and care dependency is in the opposite direction. This indicates the reverse relationship .i.e if the positive correlation comes the relationship will be the negative. The higher will be the dependency the quality of living will be the poor

The similar study conducted by Nilce Maria *et al.* shows that the highest quality of life score was in the social relations domain (67.57) and the lowest was in the environmental domain (54.82). The highest number of caregiver morbidities correlated with the lowest scores in all quality of life domains.

5. Conclusion

The study concluded that the higher will be the dependency the quality of living will be the poor because as per the scoring of Care dependency scale, lower the score the higher will be the dependency. The scoring of QOL tool and care dependency is in the opposite direction. This indicates the reverse relationship .i.e if the positive correlation comes the relationship will be the negative. There was no significant association of QOL of caregivers with the level of dependency of patients.

6. Recommendations

Based on the findings of the study following recommendations are offered for the future research.

- A Comparative study can be conducted to assess the relationship between quality of living and burden among male and female caregivers of dependent patients.
- A study can be conducted to assess the relationship between quality of living and burden among nurses caring the dependent patients.

7. References

1. Vitaliano PP, Zhang JP, Scanlan JM. Is caregiving hazardous to one's physical health. A metaanalysis. *Psychol. Bull.* Nov; 2003; 129(6):946-972. [PubMed: 14599289]
2. Gouin JP, Hantsoo L, Kiecolt-Glaser JK. Immune dysregulation and chronic stress among older adults: a review. *Neuroimmunomodulation.* 2008; 15(4-6):251-259. [PubMed: 19047802]
3. Suzanne CHo, Alfred Chan. Impact of Caregiving on Health and Quality of living: A Comparative Population-Based Study of Caregivers for Elderly Persons and Noncaregivers. *J Gerontol A Biol Sci Med Sci.* [online] [cited on 12 Feb 2009] Available from <http://biomedgerontology.oxfordjournals.org>