

DAY-TO-DAY HOME CARING FOR A STROKE SURVIVOR TWO-YEAR POST STROKE PERCEIVED PSYCHOSOCIAL IMPACTS FOR WOMAN CAREGIVERS IN LUXEMBOURG

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BACKGROUND

Informal caregivers are increasingly requested to provide daily home care to stroke survivors to avoid institutionalization (Kjellstrom et al. 2007). Although there is no consensus about whether and at which time they adjust to their new role (Gaugler, 2010), studies agree that caregivers are long-term impacted in their lives, and the psychosocial repercussions of caregiving are determined by gender. Two years after stroke, we aimed at identifying a gendered adjustment and analysing the female informal caregivers' psychosocial impacts of providing care to a stroke survivor.

METHODS

Design. Cross-sectional national study

Sampling. Main informal caregivers of stroke survivors living at home, 2 years after a stroke which occurred between January 2006 and June 2007 - 18 months period.

Instrument and measures. At home face-to-face questionnaire

-Caregiver Reaction Assessment (CRA; Given & al., 1992) 24 items divided into 5 dimensions (see table 1)

-Seven questions about the evolution since the stroke onset of caregivers' tasks and responsibilities in the household.

-Barthel Index (Mahoney & Barthel, 1965): autonomy of the stroke survivors in 10 activities of daily life [0;100], measured by their caregivers.

-Socio-demographic characteristics

Statistical analyses.

Means and percentages; t tests and χ^2 for the female/male comparison.

RESULTS

Population: Participation rate among the whole Luxembourgish eligible population: 26.5%

-62 main informal caregivers

-41 women (m=59,1 years \pm 13,9); 21 men (m=59,6 years \pm 13,9)

-51 in partnership with the care-recipients, 6 children

-Stroke survivors' autonomy tends to be higher among men caregivers (m=92.5 \pm 13.8 vs. m=76.4 \pm 33.2) but the difference is not significant at p \leq .05 (p=.093 \$).

Caregiver Reaction Assessment's dimensions and items (Table 1). Women are more affected in terms of physical health, disrupted schedule and lack of family support. No gender differences are found in caregiving esteem and in impact on finances, both dimensions being perceived positively. However, an items comparison reveals that less women declare to « enjoy caring for their partner » (67.9% vs. 93.8%*). More women feel « tired all the time » (50% vs. 12.5%***) and find « difficult to find time for relaxation » (35.7% vs. 6.3%*). They also tend to admit more frequently that "their family left them alone" (44.4% vs. 18.8% \$) and that they "visit family and friends less" (44.4% vs. 17.6% \$).

Tasks and household responsibilities (Figure 1). More women consider that since the stroke event, they are more "in charge of the relationships with professionals" (52% vs. 6.3%; p=.003) and "have more household responsibilities" (37.5% vs. 5.9%; p=.020).

Bibliographical references

Carroll, M., & Campbell, L. (2008). Who now reads Parson and Bales? Casting a critical eye on the "gendered styles of caregiving" literature. *Journal of Aging Studies*, 22, 24-31.
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Table 1. Comparison between women and men informal caregivers in the CRA's 5 domains (Student t) and significantly different items (χ^2 test)

	WOMEN m(σ) / %	MEN m(σ) / %	t / χ^2	p ¹
CAREGIVER ESTEEM [0;100]	73.0 (19.4)	79.7 (9.2)	-1.30	.202
<i>Caring is important to me.</i>	82.1	100	3.22	.073 \$
<i>I enjoy caring.</i>	67.9	93.8	3.89	.049 *
LACK OF FAMILY SUPPORT [0;100]	39.9 (24.7)	25.0 (15.6)	2.18	.035 *
<i>Others have dumped caring onto me.</i>	35.7	11.8	3.10	.078 \$
<i>It is very difficult to get help from my family.</i>	17.9	0	3.22	.073 \$
<i>My family left me alone to care.</i>	44.4	18.8	2.92	.087 \$
IMPACT ON SCHEDULE [0;100]	46.7 (29.7)	26.2 (18.8)	2.54	.015 *
<i>I visit family / friends less since I am caring.</i>	44.4	17.6	3.33	.068 \$
<i>Caregiving makes it difficult to find time to relax.</i>	35.7	6.3	4.71	.030 *
IMPACT ON HEALTH [0;100]	33.0 (22.1)	19.1 (20.1)	2.06	.045 *
<i>Since caregiving, I feel like I am tired all the time.</i>	50.0	12.5	6.19	.013 *
IMPACT ON FINANCES [0;100]	21.1 (21.5)	19.8 (15.8)	0.22	.829

¹p significance level: \$ \leq .1; * \leq .05

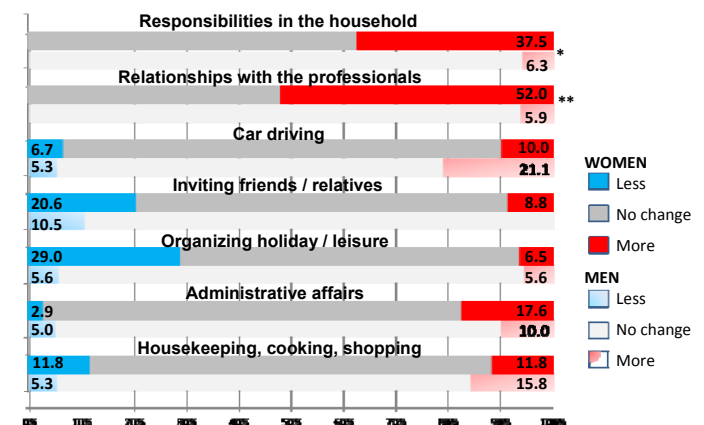


Figure 1. Evolution of 7 tasks and responsibilities in the household since the stroke onset among woman and man informal caregivers (%), gender comparison (χ^2 test) and significativity level (*p \leq .05; **p \leq .01)

CONCLUSION

In the long term, deeper psychosocial repercussions of the stroke event and especially of informal caregiving are more observed among women. These specific impacts may partly characterize a gendered-styled adjustment which should be discussed (Carroll & Campbell, 2008). Follow-up qualitative research will help understand and analyse women's caregiving process. In order to respond at their specific requests and needs, the CRA also seems to be an appropriate tool to help set up and evaluate interventions aimed at reinforcing informal caregivers' "health capability", at least in our cultural context.

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