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

BUCKI Barbara1,2, LURBE I PUERTO Kátia3, BAUMANN Michèle1
1Research Unit INSIDE, University of Luxembourg, L-7201 Walferdange, Luxembourg
2EA 4360 APEMAC, Nancy University, Paul Verlaine – Metz University, Paris Descartes University, EPSaM, 57012 Metz, France

The research entitled “Living in the Grand Duchy of Luxembourg after a stroke: Family repercussions and quality of life. The equal access to the care and the social resources” was funded by the National Research Fund of Luxembourg FNR / VIVRE in 06/06/06, the Luxembourgish Ministry of Health and the University of Luxembourg

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

RESULTS
Population: Participation rate among the whole Luxembourgish eligible population: 26.5%
-62 main informal caregivers
-41 women (m=59.1 years ± 13.9); 21 men (m=59.6 years ± 13.9)
-51 in partnership with the care-recipients, 6 children
-Stroke survivors’ autonomy tends to be highly among men caregivers (m=92.5±13.8 vs. m=76.4±33.2) but the difference is not significant at p≤.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).

<table>
<thead>
<tr>
<th>Table 1. Comparison between women and men informal caregivers in the CRA’s 5 domains (Student f) and significantly different items (χ² test)</th>
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<tbody>
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<tr>
<td>CAREGIVER ESTEEM [0;100]</td>
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<tr>
<td>I enjoy caring.</td>
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<tr>
<td>LACK OF FAMILY SUPPORT [0;100]</td>
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<td>Others have dumped caring onto me.</td>
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<td>It is very difficult to get help from my family.</td>
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<tr>
<td>My family left me alone to care.</td>
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<tr>
<td>IMPACT ON SCHEDULE [0;100]</td>
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<tr>
<td>I visit family / friends less since I am caring.</td>
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<tr>
<td>IMPACT ON HEALTH [0;100]</td>
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<tr>
<td>Since caregiving, I feel like I am tired all the time.</td>
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<tr>
<td>IMPACT ON FINANCES [0;100]</td>
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p significance level: § t < .05; * p < .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.

Bibliographical references

Figure 1. Evolution of 7 tasks and responsibilities in the household since the stroke onset among woman and man informal caregivers (%), gender comparison (χ² test) and significativity level (‘p ≤ .05’; “p ≤ .01)

4th World Congress on Women's Mental Health. 16-19 March 2011, Madrid, Spain

Correspondence: barbarabucki@uni.lu