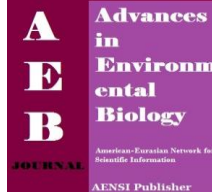




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Studying physical health, anxiety and depression of caregivers to elders with oldest age and brain stroke

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ABSTRACT

Cleanliness, hygiene and nutrition improvement certainly lead to increasing life span in most societies and is related to Industrial and technology development elders and aged people are dramatically increasing in haul societies. Since ill and old people need supports and cares. Nurse's health is especially important. This is a descriptive – analytic research and it was done in Tehran in 1391-1392. There are 200 participants (101 elders aged caregivers and 99 elder brain stroke's nurses) who randomly were choose and 120 of them are females and 67 males and we used interview and demographic questioners , depression questioner Cattle stress questioner and SF-36 life quality questioner . After collecting data, we used SPSSV.16 and Clomocrof Esmirtof Yumen Vitni statistics tests, averages Comparisons and operational several variables Variance analysis. It showed there were 50/5% aged caregivers and 49/5% brain stroke's caregivers, 66.49% of aged caregivers and 71.99% of brain stroke's caregivers had physical health, 14.22% of aged caregivers and 13.76% of brain stroke's caregivers had depression and also 36.00% of aged caregivers and 35.04% of brain stroke's caregivers had anxiety. It investigated oldest age and brain stroke's caregivers' anxiety is the same and also their depression too, but their physical health is different. Hence, we are able to recognize caregivers who are near to depression, anxiety and physical problems and improve caring level and caregivers health even aged.

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INTRODUCTION

As we know old aging and elder is a main demographic topic. In the first of twentieth century, hope for living was 5 years but now it has increased up to 75 years in wealthy and well developed countries. According to the organization of the United Nations, it has estimated elders population will be doubling and reaching 1/2 billion people in 2025. Elder is a modern phenomenon in hygiene fields in Iran and all around the world. It has been predicted we have too many old people in Iran in 1410 and there will be more than 60 years old about 20 % or 25 % of total population. It has been estimated the increase of old people population in Iran will become apparent after 1420. Family caregivers and nurses have major roles in sanitation and hygiene amenities in some countries and especially in our country. While in most countries preparing oldsters caregiving needs is a common responsibility of formal and informal supportive politics. Formal supportive organization are government precaution and informal supportive organization are amateur oldster caregiving which are done by oldster family members, friends or relatives (old person family members have main part here.). In this research we have studied caregivers who mainly are females and they face a lot of troubles especially in old people caregiving at home. They are caregivers and also they are wives, mothers and they have to do all these jobs and duties, and they dislike being known as old people caregivers in society and all these cause their depression, stress and anxiety, anxiety, exhaustion and low self-efficacy . Extreme depression and stress experiences are cause of stress and anxiety and it causes person 's chronic physic and physical problems and it is predicted that chronic ill 'caregivers are in danger of physic and physical problems. Investigating effective factors on caregivers and nurses health such as depression, stress , anxiety helps us to understand main variable relations in caregiving fields and improve caregiving quality and improve caregivers physical and phsicc health. This information helps government and experts to improve caregiving condition and solve some of caregiving and caregivers problems. Tosif Khaled and Roksana Kosar survey on "depression and life quality" (2013) showed

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that half of strokes 'caregivers (48%) had depression and 24% were in danger and they had social and phsyic problems and they ere not ok.

Another survey done by Krig, Ross Anderson and their other colleagues (2013) showed that caretakers are worried, depressed, anxious and they have extreme stress. Also Deniz and colleagues (2013) have found old people and strokes 'caregivers have extreme negative excitements and stress. Pederson (2012) has found strokes 'care givers are remarkably in danger of extreme stress and depression. Unfortunately, they have done a few research about this in Iran. Most of them are about family of a dimnesia and they focused on gender. This research may motive experts and people for further studies. Our main goal is studying and investigating strokes and oldsters 'caregivers ' physical and phsyic health and our research questions are:

1. Is old people caregivers' stress and strokes caregivers ' stress different from strokes caregivers depression ?
2. Is depression of old people caregivers various ?
3. Is old people caregivers 'physical problems different from strokes caregivers 'physical problems?

Method:

This survey is a sectional-analytic, no experimental survey. Participants are Tehrani old people caregivers and strokes caregivers and they are 20-50 years old. They are randomly chosen and just they need to be 20-50 years old and have one year working experience and their education background is needed to be more than elementary level. For collecting data, we used 1st depression questioner, Cattle anxiety test, SF-36 life quality, variable demographic questioner. It took about 1 hour for gathering data from each caregiver and SPSS.16 was used for analyzing data. The Researcher himself confirmed research fluency and being permanent. At first, articipants were told they are free to answer and fill in questioners and they are able to leave test whenever they like and they see it is better, and they were told their information keeps secret.

Findings:

There were 200 participants. There were 101 old people caregivers and 99 strokes caregivers and 128 females and 67 males. They were grouped equally. They were 20-50. 17 people had elementary education, 41 secondary education and 91 people had diploma and 42 people had BA.

Frequency distribution and control group percentage by demographic features

	percentage	Frequency
Caregivers		
Oldster	50.5	101
Strokes	49.5	99
Gender		
Male	33.5	67
Female	64.0	128
Marital Status		
Single	36.5	73
Married	42.5	85
Divorced	17.5	35
Widowed	1.5	3
Education		
Elementary	8.5	17
Secondary	20.5	41
Diploma	48.0	96
BA	21.0	42

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Significance level	indicator Z	The most differences			Standard deviation	average	
		negetive	positive	Absoulute amount			
0.067	1.304	0.092	0.069	0.092	19.64	69.21	Physical health
0.004	1.766	0.092	0.125	0.125	10.54	13.99	Depression
0.718	0.696	0.049	0.041	0.049	9.90	35.53	anxiety

Demographic features comparison in oldest age and brain stroke

Significance level	x2	df	stroke	elder		

0.847	0.037	1	32 63	35 65	male female	gender
0.822	0.393	2	37 40 20	36 45 18	single married Widowed/ divorced	Marital status
0.684	1.494	3	8 17 47 23	9 24 49 19	elementary secondary diploma Ba	Education background

Average comparison results for anxiety marks $p < 0/01$

Average comparison test				Low oral test		Standard deviation	average	group	anxiety
Significance level	Freedom degree	Difference Standard deviation	Variances similarity						
			Average differences	F					
0.494	0.685	195	1.40	0.96	0.471	9.96	3600	Oldest age	total
						9.86	35.04	Brain stroke	
0.888	0.141	198	0.68	0.10	0.471	4.47	17.27	Oldest age	hidden
						4.86	17.7	Brain stroke	
0.331	0.974	198	0.89	0.86	0.010	6.24	18.73	Oldest age	revealed
						6.30	17.87	Brain stroke	

Jumen –Vitney test result for comparing depression marks in two research groups

Jumen-vitney test			Levels (rates) total	Levels average	group
significance	Z	indicator U			
0.614	0.504	4793.500	1035.50	102.54	Oldest age
			9743.50	98.42	Brain stroke

Average comparison test results for physical health marks g in two research groups * $P < 0/05$

Average comparison test					Equal variances test F	Standard deviation	average	group
Significance level	T	Freedom degree	Standard error of the difference	Average differences				
0.047	1.999	198	76/2	51/5	33/2	51/18	49/66	Oldest age
						44/20	99/72	Brain stroke

Validity research instrument(this research)

Internal consistency (n-200)		permanency(n-20)	Research instrument
Cronbach's alpha coefficient			
0.914		0.725	Life quality questioner
0.912		0.716	First depression questioner
0.782		0.653	Cattle anxiety questioner

Discussion:

The main focus of this study is to investigate the physical and mental health (anxiety and depression), caregivers of older adults. Based on these results, Anxiety (total) of those taking care of elderly are the same with anxiety of strokes' caregivers and also their hidden and revealed anxiety were the same. Furthermore, Depression of those taking care of elderly stroke and of those taking care of elderly Aging were the same and their physical health ere the same, too. Elders nursing involves comprehensive understanding of aging and Halystyk view. it is more than being a scientific approach and medical care and care giver is a spiritual, bio psychological and sociable creature. In recent years awareness of the determining role of caregivers in long-term patient caring is increased. And for this reason researches has done about health problems of caregivers, The lack of support for caregivers and their vulnerability and their health threat. Even in some cases intervenes have occurred to reduce caregivers problems. Therefore perception and recognition related to caregivers health problems can have significant role in identifying type of interference to solve these problems. researches done in Iran show that women society for various reasons in comparison to men suffers from more problems and issues. They don't have proper health condition. And like women from other countries, they experience physiological and psychological disorders and hurts. Eliopoulos (2001) writes: One of the interference factors involved in spending leisure time is the increase of caregivers dependence on elders in daily activities. Also with the

increase of the elder age problems will be increased. Investigating the impact of caregivers Communication strategies training on the process of communication with patient has shown that communication strategies training aware caregivers and they treat elders in moderation

Conclusion:

This research determines the importance of arrangements related to psychology services for caregivers. This research can be useful for consultation and any interference in cases related to caregivers. In such a way that they can prepare effective and efficient care for elders and They can also maintain their own health and quality of life. Due to hardworking and difficult responsibilities, brain strokes caregivers eget depressed and it has bad influences on their lives. Psychological health and physical health of caregivers is under the influence of elders , also their social life is limited and caregivers experience extreme stress in their social lives and activities. Just those negative influences are not limited to health problems. Caregivers, especially youngsters experience educational problems, too. They may quit theoir educating and it has negative influences in their future and their making living. We all know the significance and importance of caregiving. Maybe we ourselves need that so further s tudies are practical and really helpful and important. It is expected researchers with new views and ideas work on concepts in elder ology and base on this research, find related factors of anxiety, stress and depression and also physical problems of caregivers. And thus in the prevention and control of side effects of lack of attention to the dimensions mentioned take an important step. The most important limitation of this research was men 's lack of cooperation and women were unlikely to cooperate. There already wasn't any research like this, so it was difficult to write literature review. In education field with regard to this research findings, it is necessary to pay attention to caregivers psychological dimension along with their physical health and this is important as an integral part of care process in the program of educational and training of caregivers.

REFERENCES

- [1] Whoo, 1998. Anonymous aging : the surest demographic reality of next century , Geneva , vo 151 , iss-2: 26.
- [2] WHO (EMRO), 2015. regional strategy for healthcare of the elderly in Eastern Mediterranean regional.
- [3] Maghsudnia, Shahrbanou, 1381. Investigating elderly issues of Iran and The world, First International elderly Congress in University of Welfare and Rehabilitation Sciences, Tehran, Ketab e Ashena Publications, Psychological and sociological studies of elderly first print, p: 31.
- [4] a package, 1381. of elderly essays of the First International elderly Congress in Iran Department of righteous women, the first print, p: 15.
- [5] Cuellar, N.B., J. Butts, caregiver distress: what nursesin rural setting can dohelp.
- [6] Berkmanl, 1993. Assessment of social network & social support the elderly. Journal of American geriatric society, 31: 12.
- [7] Maghsudinia, Shahrbanou, Shojaee, Hadi, 1384. Operations of the pervasive and elderly seniors. Institute of Medical Engineering.
- [8] Keefe, J.F., E. TAL, 2003. the self efficacy of family caregivers for helping concer patients manage pain at end of life . pain., 103: 157-162.
- [9] Granfeld, E., ETAl, 2007. Caring for elderly people at home : the concequence to caregivers . Canadian medical assosiation, 157: 1101-1106.
- [10] Finkelman, A.W., 2000. Psychiatric Mental Health Nursing. 1 st ed. USA: Aspen Publisher Inc., pp: 9-15.
- [11] Steffen, M.A. et al., 2002. there vised scale for care giver self- efficacy: reliability and validity studies. The journal of gerontology, 57 B(1): 74-87.
- [12] Nursing form. 1999, 34(3): 24-37.
- [13] Chenier, M., 1997. ((Review and Analysis of caregiver Burden and Nursig Home placement “ Geriatric . ((Busing)). 18(3): 121-127.
- [14] Jeffs, Gloria G., M. Saskia, 2003. Effectiveness of communication strategies used by care givers of person with Alzheimers diseas during activities of daily living. Journalof speech, language, and Hearing Research, 46(2): 353367.
- [15] Touseef Khalid, Rukhsana Kausar, 2013. Depression and quality of life among caregivers of people affected by stroke..