



ELSEVIER

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Actor-partner interdependence analysis in depressed patient-caregiver dyads: Influence of emotional intelligence and coping strategies on anxiety and depression

Serres Marguerite^{a,*}, Boyer Laurent^b, Alessandrini Marine^b, Leroy Tanguy^c, Baumstarck Karine^b, Auquier Pascal^b, Zendjidjian Xavier^{a,b}

^a Department of Psychiatry, Assistance Publique Hôpitaux de Marseille, La Conception Hospital, 13005 Marseille, France

^b EA 3279, Self-Perceived Health Assessment Research Unit, School of Medicine, Aix Marseille Université, France

^c Social Psychology Research Group (GRePS EA 4163), Université Lumière Lyon 2, Bron, France

ARTICLE INFO

Keywords:

Depression
Caregivers
Dyads
Emotional intelligence
Coping
Anxiety

ABSTRACT

Objective: Major depressive disorder (MDD) is a leading cause of suffering for both patients and their natural caregivers. A preliminary study highlights the association of emotional intelligence (EI) and coping strategies with quality of life. However, there is a lack of studies concerning dyadic (i.e., patient and natural caregiver) characteristics' impact on anxious and depressive symptoms. In a sample of MDD patients-caregivers dyads, we explored the influence of EI and coping strategies on anxious and depressive symptoms using the actor-partner interdependence model (APIM).

Methods: The cross-sectional study included 79 MDD patient-caregiver dyads. Self-reported data, completed by patients and their primary caregivers, were collected including socio-demographic, EI using TEIQue-SF, coping strategies using BriefCope, depressive symptoms using Beck Depression Inventory, anxious symptoms using STAI. The APIM was used to test the dyadic effects of EI and coping strategies on anxious and depressive symptoms, using structural equation modelling.

Results: Patients and caregivers reported both anxious and depressive symptoms. Coping strategies, such as problem solving, positive thinking and avoidance, exhibited evidence of actor (degree to which the individual's coping strategies are associated with their own anxiety or depression level) and partner effect (degree to which the individual's coping strategies are associated with the anxiety or depression level of the other member of the dyad). The caregivers' EI was associated with a decrease of their own depression level contrary to patients for which the results were not significant. The patients' and caregivers' EI was associated with a decrease of their own level of anxiety.

Conclusion: EI and coping strategies were moderately associated with anxious and depressive symptomatology among MDD patient-caregiver dyads. These results suggest that targeted interventions could be proposed to both patients and caregivers.

1. Introduction

Major depressive disorder (MDD) is an important cause of suffering for patients, but MDD also affects patients' families and caregivers (Heru et al., 2004; Heru and Ryan, 2004; Magne-Ingvar and Öjehagen, 2005). Caregivers of patients with MDD experience burden across multiple life domains (e.g. emotional, social, physical, financial and relationship burden) that affects their ability to care for the patient and deteriorates their health. As a result of this burden associated with patients' symptomatology, caregivers report anxious and depressive

symptoms (Jenkins and Schumacher, 1999; Kumar and Gupta, 2014). Patient and caregiver constitute a dyad, i.e. attributes and behaviours of one dyad member can affect the mental health state of the other individual (Kenny and Cook, 1999). However, little is known about the interactions within dyads in the specific context of MDD. There is thus a need in understanding how patients and caregivers interact within the dyad to cope with symptomatology and problems of daily life. Coping is usually defined as thoughts and behaviours that are implemented to manage internal and external demands of situations appraised as stressful (Lazarus and Folkman, 1984). The literature generally opposes

* Corresponding author.

E-mail address: marguerite.serres@hotmail.com (S. Marguerite).

<http://dx.doi.org/10.1016/j.psychres.2017.08.082>

Received 18 April 2017; Received in revised form 18 June 2017; Accepted 28 August 2017
0165-1781/ © 2017 Elsevier B.V. All rights reserved.

active coping strategies considered as an efficient method to address stressful events, to passive coping strategies considered as a psychological risk factor for adverse responses to stressful life events (Boyer et al., 2017; Holahan and Moos, 1987). In addition, emotional intelligence (EI) (i.e. the capacity of individuals to recognize their own and other people's emotions and to use emotional information to guide thinking and behaviour) influences interactions within the dyads (Mayer et al., 1990, 2008a) and is predictive of psychological adjustment and correlated positively with psychological well-being (Austin et al., 2005; Ciarrochi et al., 2002; Schutte et al., 2002).

To date, very few works have addressed the dyad situation in the context of MDD. Most studies have examined the influence of each person's characteristics based on the independence assumption (i.e. uncorrelated observations among dependent variables). But recent studies reported that the independence assumption is violated in dyads because the relationship between patients and caregivers is deeply interdependent. One of the appropriate way to measure this interdependence is the actor-partner interdependence model (APIM) (Kenny et al., 2006). Previous studies using APIM explored relationships between patients and caregivers in cancer (Baumstarck et al., 2016; Goldzweig et al., 2016), heart failure (Chung et al., 2009) and hearing loss (Lazzarotto et al., 2016). To our knowledge, no study used the APIM method to examine dyads in MDD, except one on reciprocal criticism in a small sample of 33 MDD patients and their spouses (Peterson and Smith, 2010) and one on quality of life (Boyer et al., 2017).

The objective of this study was to examine the influence of EI and coping strategies on the level of depression and anxiety among MDD patients-caregivers dyads using APIM.

2. Methods

2.1. Design, setting and procedure

We conducted a cross-sectional study in the psychiatric department of a French public teaching hospital in the South of France (Marseille). The recruitment of patient-caregiver dyads was conducted during a 6 months period. Health care staff identified inpatients who had a diagnosis of MDD according to the DSM-IV criteria (American Psychiatric Association, 2000), were between 18 and 64 years old and had been hospitalized for at least 48 h. Each patient was asked by medical or nursing staff to name his or her primary natural or family caregiver and whether we could contact the caregiver. A caregiver, or *informal caregiver* is an unpaid individual involved in assisting others with activities of daily living and/or medical tasks (EUFAMI Guide to Caregivers, 2017).

If the patient and the caregiver agreed and met the inclusion criteria, the data were collected via self-report questionnaires on the discharge day. The study was conducted in accordance with the Helsinki Declaration and French laws and regulations (Code de la Santé Publique, article L.1121-1/Loi de Santé Publique no. 2004-806 du 9 août 2004 relative à la politique de santé publique et ses décrets d'application du 27 août 2006). The data collection was approved by the Commission Nationale de l'Informatique et des Libertés (CNIL no. 1223715). All the patients were informed of the study and gave their written, informed consent after a standardised and structured clinical interview.

2.2. Data collection

The same data were collected for the patient and the caregiver and included the following socio-demographic characteristics: gender, age, marital status (single, couple), educational level (< 12 years, > = 12 years), employment status (with, without employment) and the relationship between the patient and caregiver (partner, not partner).

Depression severity was assessed using the Beck Depression

Inventory Short-Form (13 items) (Beck and Beamesderfer, 1974). Higher scores indicate more severe symptomatology.

Anxiety severity was assessed using the state-trait anxiety inventory (STAI (Spielberger and Gorsuch, 1970)). The STAI consists of two subscales: "state anxiety" (STAI-YA), or the transitory emotional response to a stressful situation, and "trait anxiety" (STAI-YB), or the relatively stable and long-standing disposition to respond to stress (Spielberger et al., 1993). Our sample only fulfilled the STAI-YB. Higher scores indicate more severe symptomatology.

EI was assessed using the Trait Emotional Intelligence Questionnaire - Short Form (TEIQue-SF) (Cooper and Petrides, 2010; Mikolajczak et al., 2007a; Petrides, 2009). It's a self-report questionnaire of 30 items that provide a global score of general emotional functioning; higher scores indicate higher trait EI.

Coping strategies were assessed using the Brief Coping Orientation to Problems Experienced Scale (BriefCope) (Carver, 1997; Muller and Spitz, 2003). It's a multidimensional measure that presents fourteen scales all assessing different coping dimensions. This questionnaire includes 28 items that explore the following 14 strategies: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion, and self-blame. A recent work proposed a reduction to 4 dimensions: social support, problem solving, avoidance, and positive thinking (Baumstarck et al., 2017). Higher scores in these 4 dimensions reflect a higher tendency to implement the corresponding coping strategies.

2.3. Statistical analysis

Data were expressed in proportion or by mean and standard deviation. Correlations between depression, anxiety, coping strategies and EI scores were performed for patients and caregivers using Spearman's correlation test. To assess the dyadic effects of EI and coping strategies on depression and anxiety, the APIM with distinguishable dyads was assessed using structural equation modelling (Cook and Kenny, 2005). The APIM is useful to determine how parameters (EI, coping strategies, depression and anxiety) of each participant (namely patients and caregivers) are influenced not only by internal factors but also by factors related to the other member of the dyad. Structural equation modelling simultaneously examines both paths in the APIM: two actor effects (i.e., each person's depression score regressed on their own coping strategies as on their own EI profile) and two partner effects (i.e., each person's depression score regressed on the other person's coping strategies as on the other's EI profile).

3. Results

3.1. Sample

One hundred and thirty-eight patients were eligible during the study period, 109 patients and their corresponding primary natural or family caregiver agreed to participate and met the inclusion criteria. Finally, 79 patients and their corresponding caregiver were included in dyads analyses (because of 30 incomplete questionnaires). Participants (n = 79) and non-participants (n = 59) did not differ in gender, age, educational level and length of hospitalisation.

The mean Beck score was 15.4 (SD = 6.5) for the patients and 6.7 (SD = 6.3) for the caregivers. The mean STAI score was 59.6 (SD = 11.3) for the patients and 43.9 (SD = 11.7) for the caregivers. The mean TEIQue-SF score index was 121.2 (SD = 32.2) for patients and 148.4 (SD = 23.7) for caregivers. Concerning the coping strategies, patients used preferentially avoidance and social support strategies, caregivers implemented preferentially problem solving and positive thinking strategies. The characteristics of the included patients and their main caregivers are presented in Table 1.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات