

Research Critique Worksheet:

Title of Article: Coping Strategies and Caregiving Outcomes Among Rural Dementia Caregivers

Author(s): Sun, F., Kosberg, J. I., Kaufman, A. V., & Leeper, J. D. Journal: Journal of Gerontological Social Work Mo/Yr: Volume 53, 2010 Pages: 547-567

Reviewer: Barbara L. Nunley, PhD, RN, GCNS-BC Mentor: _____ Date: October 19, 2011

Level I Research Design	Level II Research Design	Level III Research Design	MAJOR FINDINGS/STRENGTHS/LIMITATIONS
<p><u>Purpose of study:</u></p> <p><u>Research Questions:</u></p> <p><u>Research Variable:</u></p> <p><u>Research Design (Qualitative Non-experimental):</u></p> <p>Ethnography</p> <p>Phenomenology</p> <p>Grounded Theory</p>	<p><u>Purpose of study:</u> To investigate the methods rural family caregivers cope with the demands of caring for an older relative with dementia.</p> <p><u>Research Questions/Associative Hypothesis:</u> 1) What are the relationships between rural family caregivers' coping styles and demographic characteristics, stressors, and outcomes (caregiving burden and life satisfaction)? 2) What are the mediating and moderating effects of rural family caregivers' coping?</p> <p><u>Independent Variable:</u> coping styles</p> <p><u>Dependent Variable(s):</u> caregiver burden and life satisfaction</p> <p><u>Research Design (Quantitative Non-experimental):</u></p> <p>Correlational (ex post facto)</p> <p>Comparative</p> <p>Case-control</p> <p>Cohort</p>	<p><u>Purpose of study:</u></p> <p><u>Research Questions/Causal Hypothesis:</u></p> <p><u>Independent Variable(s):</u></p> <p><u>Dependent Variable(s):</u></p> <p><u>Research Design (Quantitative Experimental):</u></p> <p>True Experimental (Random Controlled Trial)</p> <p>Quasi-Experimental</p>	<p><u>Findings:</u> 1) Religion was the most frequently used coping mechanism, followed by planning, growth, acceptance, and active coping. The least used coping strategies were mental disengagement, behavioral disengagement, denial, and alcohol/drug disengagement. 2) At the bivariate level - caregivers with higher scores on deliberate coping reported higher scores on life satisfaction, higher scores on avoidance coping reported greater caregiving burden and lower life satisfaction. 3) The mediating effects of coping styles between caregiving stressors and caregiving outcomes were not supported (coping styles did not account for the differences in caregiving outcomes caused by caregiving stressors). 4) A moderating effect of avoidance coping was found to attenuate the relation between health status and caregiving burden (health status had a minor effect on caregiving burden, that is those less likely to engage in avoidance coping reported that their health status had a substantial effect on their burden). 5) No racial differences were found in coping styles. 6) Education level and income adequacy were related to coping styles.</p> <p><u>Strengths:</u> 1) simple random selection 2) most instruments were reliable with this sample</p> <p><u>Limitations:</u> 1) cross-sectional nature of the study did not permit time sequencing of relationships, 2) measurement of coping did not focus specifically on caregiving situations,</p>

SAMPLE	MAJOR TOOLS (Quantitative) Level II-III Research Design	Systematic Reviews/Meta-analysis/Guidelines	QUALITY OF EVIDENCE
<p>Number (N): 141 (response rate of eligible rural family caregivers was 63.2%)</p> <p>Type of sampling plan: Simple random selection (random digit telephone dialing)</p> <p>Age: Mean age of caregivers – 52 and mean age of care recipients – 79.5</p> <p>Gender: Female – 85.1%, Male – 14.9%</p> <p>Health status: N/A</p> <p>Diagnosis: N/A</p> <p>Other: 67 African American and 71 White; equally divided between those with a high school education or GED and attended college; 42% had yearly household incomes at or below \$20,000.00; 50% reported that paying bills was somewhat difficult or very difficult; 1/5 of caregivers provided care to a second care recipient; averaged 50 hours per week of care to 1st recipient and average of 31 hours a week to 2nd recipient; 39% were employed and worked an average of 34 hours per week</p> <p>SETTING</p> <p>Type: Acute care hospital</p> <p>Community</p> <p>Nursing Home</p> <p>Other</p> <p>Location: Urban</p> <p>Rural Alabama (defined by the Bureau of Census)</p>	<p>Name(s):</p> <p>#1 <u>Dementia Severity Rating Scale (care recipient's level of dementia as rated by the caregivers), measured orientation, memory, judgment, recognition, language, social interaction, home activities or responsibilities, personal care, incontinence, mobility and eating</u></p> <p>#2 <u>Revised memory and Behavior Problem Checklist, provides ratings of the occurrence of problem behaviors in the areas of depression, memory loss, and disruptive behavior</u></p> <p>#3 <u>Physical Self-maintenance and Instrumental Activities of Daily Living Scales (assessment of care recipients functional abilities) measured toileting, ambulation, shopping</u></p> <p>#4 <u>Caregiver Health (self-report – poor = 1 to excellent = 5)</u></p> <p>#5 <u>Consequences of Care Index (measured caregiver burden) measure personal and social restrictions, physical and emotional problems, economic costs, value investment in caregiving, and perception of the care recipient as a provocateur</u></p> <p>#6 <u>Quality of Life Index (measured life satisfaction), measured health, self-regard, philosophy of life, standard of living, work, recreation, learning, creativity, helping, love relationships, friendships, relationships with children, relationships with relatives, home neighborhood, and community</u></p> <p>#7 <u>Coping Orientations to Problems Experienced (measured coping strategies), measured acceptance, denial, religion, growth, emotional social support, instrumental social support, planning, humor, mental disengagement, behavioral disengagement, restraint, active coping, substance abuse, suppressing competing demands, and focus on and venting of</u></p>	<p>Systematic Review: Research Question:</p> <p>Independent Variable(s):</p> <p>Dependent Variable(s):</p> <p>Meta-Analysis: Research Question:</p> <p>Independent Variable(s):</p> <p>Dependent Variable(s):</p> <p>Guidelines: Purpose:</p> <p>Clinical Question:</p>	<p>Evidence Rating: Level I: Evidence from a systematic review or meta-analysis of mostly randomized controlled trials (RCT, experimental studies) or evidence-based clinical practice guidelines based on systematic reviews of experimental studies that are RCTs Level II: One well-designed RCT (true experimental study) Level III: Well-designed controlled trial without random assignment to group (quasi-experimental study) Level IV: Well-designed case-control or cohort study Level V: A systematic review of descriptive and qualitative studies (non-experimental quantitative or qualitative studies)</p> <p>Level VI: <u>One descriptive or qualitative study (non-experimental quantitative or qualitative)</u></p> <p>Feasibility: Could this practice change be implemented easily in your organization and with minimal resources? _____ Yes _____ No</p> <p>Benefit/Risk: Would the benefits of this practice change outweigh the risks to patients? _____ Yes _____ No</p> <p>Comments:</p> <p>Implications: 1) Suggests health professionals tailor their interventions based on an assessment of caregivers' coping styles with particular attention to caregivers who engage heavily in avoidance coping, especially in rural settings. A multidimensional caregiver assessment of caregivers' stressors, resources, and coping strategies should be performed to assist in identifying other life stresses that may exacerbate caregiving stress. 2) Health professionals need to advocate for programs that are less likely to exist in rural areas, teaching and counseling.</p>

	<p>emotions _____</p> <p>Reliability:</p> <p>#1 Cronbach alpha for this sample 0.92 _____</p> <p>#2 Cronbach alpha for this sample 0.77 _____</p> <p>#3 Cronbach alpha for this sample 0.81 _____</p> <p>#4 _____</p> <p>#5 Cronbach alpha for this sample 0.89, also cited internal reliability from instruments' authors _____</p> <p>#6 Cronbach alpha for this sample 0.85 _____</p> <p>#7 Author of instrument reported good psychometric properties _____</p> <p>Validity:</p> <p>#1 _____</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 Cited validity from instrument's authors _____</p> <p>#6 Cited validity from other studies _____</p> <p>#7 Author of instrument reported good psychometric properties _____</p>		
--	--	--	--

Modified from Rosswurm 11/98; Revised Nunley 6/2008