

# Occupational performance and life satisfaction of spouses of men with spinal cord injury

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# Spinal cord injury usually causes severe disability. About 80% of the injured are males.

Approximately 40% of spinal cord patients need some level of support in basic day-to-day functioning to live within the community.

Assistance is usually provided by their spouses.



These spouses report having symptoms of depression, anger, anxiety, low levels of wellbeing, satisfaction with life, quality of life, and physical health.

## Occupational Performance:

One's ability to choose occupations and perform them satisfactorily.

## Occupational Performance is measured on three scales:

Occupational Identity

Occupational Competence

Occupational Settings

## Objectives:

- 1.** To compare the occupational performance (based on occupational identity, competence, and settings) and life satisfaction of female spouses of males with SCI with those of the spouses of healthy males.
- 2.** To compare the occupational performance and life satisfaction of female spouses of males with SCI at discharge from inpatient rehabilitation and six months post-discharge.
- 3.** To assess whether the functioning levels of males with SCI, the perceived mental health of the spouse, and her social support explain her occupational performance.

## Methods

### Participants:

Thirty women participated in the study:  
15 spouses of SCI males who underwent  
rehabilitation at Loewenstein Rehabilitation  
Hospital in Israel (Mean age=46.47, SD=11.23)

15 spouses of healthy males (Mean age=48.6,  
SD=12.31).

Spouses of healthy males were matched in age,  
education and economic status to spouses of SCI  
males.

# Study measures

**Occupational  
Performance History  
Interview – Second  
Version (OPHI-II) ,  
Kielhofner et al., 1998,  
2004**

Semi-structured interview  
designed to explore  
occupational life history

***Spinal Cord  
Independence  
Measure (SCIM) III, Catz,  
Itzkovich et al., 2007***

Functional assessment of  
patients with spinal cord  
lesions. It focuses on the  
ability to perform basic  
everyday tasks.

***The Satisfaction with  
Life Scale (SWLS),  
Diener et al., 1985***

Self-report measure  
assesses the cognitive  
component of subjective  
wellbeing reflecting the  
individual's satisfaction  
with life as a whole.

# Study measures

***MOS Social Support  
Survey, Sherbourne &  
Stewart, 1991***

Self-report survey which  
measures perceived  
social support.

***Short Form Health Survey  
Questionnaire (SF-36)***

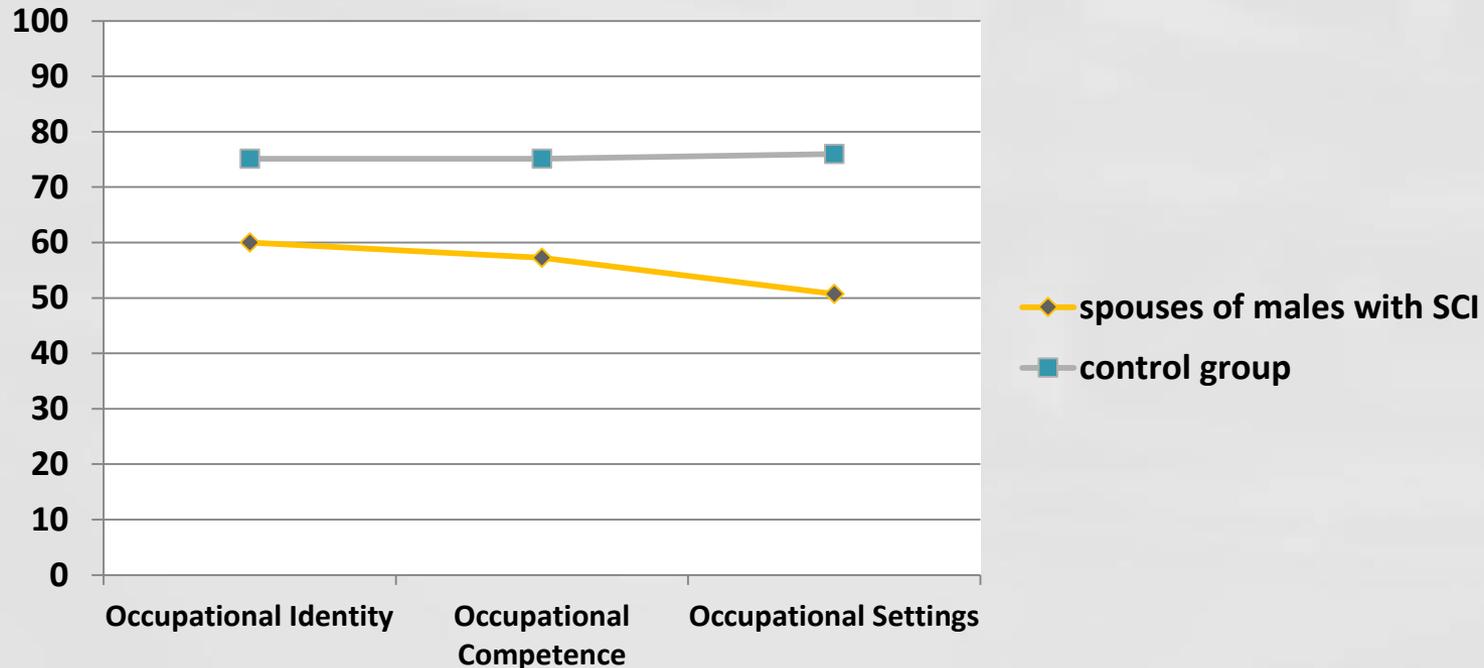
self-report survey which  
provides multidimensional  
representation of health-  
related issues from the  
participant's perspective

## Procedure

- \* The spouses of the injured men were interviewed at two time points: about a week before the discharge of the injured spouse from inpatient rehabilitation and about 6 months post-discharge (the follow-up point).
- \* The spouses of healthy men were interviewed and completed the questionnaires once.
- \* Each meeting with a participant lasted approximately two hours.

## Occupational performance at the first time point

RM-MANOVA for occupational performance scales (occupational identity, occupational competence, and occupational settings) and belonging to a group (spouses of males with SCI or control group)



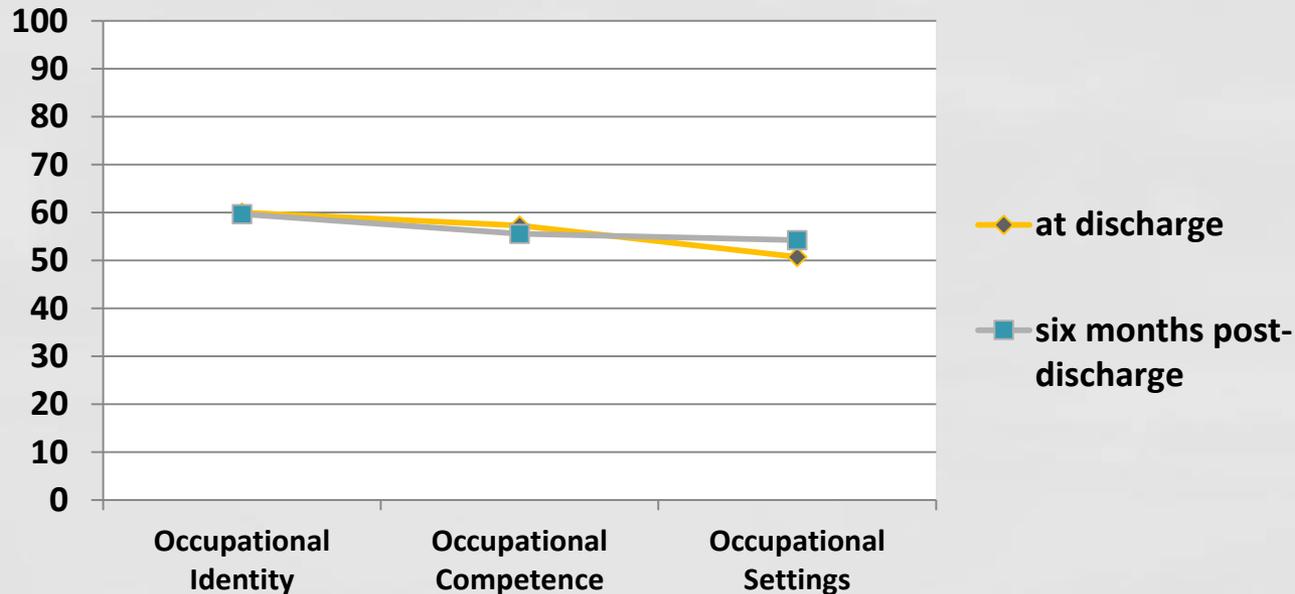
The group (spouses of males with SCI or control group) main effect was significant,  $F(1, 28) = 26.69, p < .0001$ .

## Satisfaction with life at the first time point

- \* Significant differences were found in the satisfaction with life of female caregiver spouses and that of the control group at the first time point [ $t(27) = -2.73, p < .05$ ].
- \* Spouses of males with SCI scored significantly lower than the control group in life satisfaction

# Occupational performance within the caregivers' group at discharge and follow-up

RM-MANOVA for occupational performance scales (occupational identity, occupational competence, and occupational settings) and two time points (at discharge and six months post-discharge)



There was no significant differences between the two time points,  $F(1,13) = 0.23, p > .05$ .

## Life satisfaction at the two time points within the group of caregivers

No differences were found between the two time points within the group of caregivers with respect to life satisfaction

$[t(13)=-2.11, p=.054]$ .

# Regression Analyses

	Structural Support	Functional Support	Tangible Support	Positive Social Interaction	Affectionate Support	Emotional/ Informational Support
<b>Occupational Identity</b>	.50	.51*	.54*	.45	.28	.52*
<b>Occupational Competence</b>	.60*	.67**	.69**	.57*	.55*	.65**
<b>Occupational Settings</b>	.10	.52*	.52*	.27	.33	.43

\* p < .05, \*\*p < .01

A significant positive correlation was found between occupational identity and the mental health dimensions ( $r = .64, p < .01$ ), and between most of the components of social support and the three components of occupational performance.

Mental health and belonging to the group (caregivers or controls) were identified as the main explanatory variables of occupational performance of the female spouses at the first time point.

## Discussion

- \* This study is among the first to provide evidence that care-giving for spinal cord injury persons takes a significant toll on spousal everyday functioning.
- \* The findings show that still after 6 months post discharge spouses of spinal cord injured men have low ability to choose occupations and perform them satisfactorily and there was not any improvement.
- \* Women spouse experience occupational dysfunction regardless the functioning level of the SCI males.

## Limitations

- \* Small sample size
- \* Most of the data was obtained from participants' self-reports.
- \* The groups were not matched in their years of education.
- \* The results may not apply to other caregivers in the family and to other populations.

## Conclusion

- \* Being a primary caregiver of a person with spinal cord injury significantly interferes with the caregivers' ability to engage in everyday meaningful occupations in the environment in which they live.
- \* Six months post-discharge from rehabilitation, the ability of spouses of men with SCI to choose occupations and perform them satisfactorily was still low.
- \* It is recommended that rehabilitation professionals, and in particular occupational therapists focus not only on patients with SCI, but also on their spouses to promote their healthy occupational performance, health, and wellbeing.

# Acknowledgments

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**Thank you for listening**