Depression and Spirituality among Family Caregivers of Covid-19 Patients
Dr. Pratibha Singh,
P.G. Department of Psychology,
Veer Kunwar Singh University, Ara.

ABSTRACT
The present study demonstrating female caregivers has been growing over the last decade with the understanding that caregiving is no longer a normative process. The process of caregiving has been rendered infinitely complex with the rise in rates of severe covid patients, the managed care movement and the breakdown of the strong social support systems in her and to the joint family system. Caregiving outcomes range from poor physical and mental health to altered lifestyles and even a major financial crisis going to treatment expenses of covid patients. The present study examined depression, spirituality in female caregivers of covid patients. The social economy correlates of depression were also examined. collected data was animals’ bi depression scale and spirituality index of wellbeing. The results revealed that caregivers who perceive the greater caregiver but then we've got depressed. aspects of caregiving like managing economic conditions, time and what then during treatment emerge to be significantly related to depression. caregivers who reported higher degrees of spiritual functioning were less depressed.
Keywords: Depression, spirituality, family caregivers,

Introduction
As we all know, the coronavirus was identified in patients with pneumonia in December 2019 from the city of Wuhan, China. Covid-19 mainly causes symptoms of the respiratory and digestive systems. mild to moderately severe pneumonia resulting from acute respiratory distress syndrome in cope patients and even asymptomatic symptoms from multiple organ failure syndrome. The main source of coronavirus infection is mainly SARC COV2. In this, infected diseases can also become a source of infection. Touch oriented infected patients can also become a source of infection. mainly via aerosol from the respiratory system but also through direct contact. Elderly people with multiple diseases are more resistant to virus infection as serious illness develops and children and infants are also at risk. There is currently no specific medicine for this disease. Treatment and caregiving mainly include antiviral and traditional Chinese medicine treatment and preventive monitoring of progress is the basis of caregiving situations. Caregivers are in this context to only perform vital functions against the
disease. Due to increasing infection, psychological pressure remains on the caregivers. According to the Chinese Centre for Disease Control and prevention, as of February 11, 2020 more than 3000 Health Care workers aur caregivers in China was suspected to have been infected with covid-19 and 1716 confirmed cases in which five deaths. This information is important for the depression of caregivers. Such a situation created a state of physical and mental stress in caregivers and felt isolated and helpless to cope with the health hazards and high level of intensity pressure due to such health emergencies of family members. In such a situation, coming in contact with patients due to infection of covid-19, caregivers suffer from loneliness, anxiety, fear, fatigue, sleep disorders and other physical, mental health problems. Studies also confirm that the incidence of depression, Insomnia and post-traumatic stress is also associated with the involvement of caregivers in the treatment of covid patients in the family. A study was conducted on Ebola virus patients and it is clear from the results obtained from the study that 29% of the respondents in the study felt loneliness and 45% received psychological counselling. Conversely, some studies also show positive experiences and development brought about by anti-collective efforts.

Caregiving is the process that defines the family as a chain where all the family members take care of each other and discharge their family obligations. When a member of the family becomes sick, they require more care than usual. In such a situation, the members who have to take care of the patient have additional work. While there is depression in other family members due to suffering of covid-19 on the other hand patients proper care, medicine, food and extra responsibilities also creates stress among the caring members in the family. In such a situation when a person does not see a clear path, then these adverse circumstances the inclination of the person increases more towards spirituality. In a research study conducted in England, it was found that the caregiver works for 4 hours a day in addition to his routine work for the patient. Spent in care, as a result the amount of depression was found to be higher in them. Schulz and Beach (1999), Study its depression patient caregivers and the results found that caregivers had an average of more than 60% higher rates of caregivers than non-caregivers. This study was done on individuals within 4 years. Chhatwal (2008) Stated in his research study that Indians between the average age of 5 years to 15 years do not seek Treatment for common ailments such as fever, cough, sneeze, sore throat even though the condition is too critical to be ignored. it turns into a serious or catastrophic disease. Illness of a family member is a process in her and in the care of family members, which is done in the present situation where family and social changes are taking place due to infectious disease like coronavirus. in such a situation, taking care of patients in the family has become a complicated process in view of the
magnitude of covid-19. The rising number of covid-19 cases has been very worrying and if a family member is suffering from this disease, then the whole family is more likely to get caught by it as well as there is a strong possibility of depression and anxiety in the caregiver. In the absence of medical facilities, this situation is getting worse and such patients are in dire need of proper and spiritual, physical and mental care by their caregivers. Proper medical consultation, emotional touch, meditation and yoga along with adequate care is the ideal basis for the treatment of covid patients. It is clear from the observation of the data obtained by the tracker that if the disease is challenging for the whole family and for the patient person as well as the family members who are taking care of the patient, then this situation is conflicting and stressful. But the magnitude of the situation increases at that time. When the caregiver has to discharge the official and household responsibilities along with the family care. The caregiver of the patient becomes more prone to depression, tension and negative thoughts. As a result, he has an inclination towards spirituality. It refers to the effect of caregiving on the physical, emotional, psychological, social and spiritual thoughts of the caregiver. There is no complete medical treatment available for serious illness like coronavirus, but the patient requires utmost proper care. The caregiver has to take spiritual care of the patient while completing the predetermined tasks, Due to which this care also gives a feeling of feasting as the caregiver experiences fatigue, weakness and depression due to the extra workload. As a result, negative feelings towards God also arise in them. The effect of this extra care can be seen on the physical, mental, social, emotional and spiritual functioning of the caregiver. The caregiver also has to protect other family members under his physical and mental health status and immunity. Therefore, their lifestyle, work performance all haven't had a negative impact. As a result, depression in the caregivers increases significantly. Studies are showing that the symptoms of depression and negative thoughts can be clearly seen in the caregivers. Due to high levels of depression, the caregivers who have been found to have feelings of depression, they have been found to have more faith and believe in God and due to the extreme level of depression during the time of isolation, they have been inclined towards spirituality. Caregivers have also been able to develop a special connection with the patient and are quick to evaluate their priority in life based on the care of the patient's health. Caregivers have gained a new experience based on the care of covid patients. As a result, they also focused on spiritual development so that the patient as well as the caregiver could reduce their stress and anxiety level. Spirituality can evaluate as harmony, intellectual and mental peace as well as unity and meaning of life through which personal and existential development of an individual is possible. It is like a Framework that provides caregivers a valuable Foundation through which
they succeed in understanding and finding ways to cope with tragic situations. Spirituality is a key, plays a role of stress management between caregivers and covid patients thereby helping to reduce the level of depression in the persons caring for the patient. Studies are becoming clear that spirituality can reduce the level of depression in people who care for patients.

In the present research study, we want to see the effect of caregivers of covid patients.

**Objective:**
- To study the correlation among depression, spirituality and caregiver burden in covid-19 caregivers.

**Hypothesis:**
- There would be a positive correlation among depression, spirituality and caregiver burden in covid-19 caregivers.

**Methodology:**
Descriptive statistics have been used in the present study. The current research study is an ex-facto study which has been in the nature of cross-sectional study.

**Sample:**
In the present research study 80 caregivers were selected. Such family members were selected as caregivers which were taking care of Corona patients continuously for 30 days. The selected sample in the present research consisted of caregivers from urban areas who had been caring for Corona patients at home for 1 months and all of them belonging to upper middle-class families.

**Measuring instruments:**

**Centre for epidemiologic studies depression scale (CES-D)**
The CES-D is widely used as a self-report of patients. It is used to measure depressive symptoms in patients, Such as depressive mood, feelings of guilt and worthlessness, feelings of hopelessness and helplessness, psychomotor retardation and disturbances in sleep and appetite. 20 statements are present in this scale and respondent give their response like Likert format 0-4, which indicates rarely or none of the time (0) 3 represents most or all of the time, the score on CES-D on a between 0 to 60 with the score of 16 or higher indicating presence of depressive symptoms. internal reliability coefficients between point 85 and point 90 have been reported in many studies.

**Spirituality index of wellbeing (SIWB)**
This scale is constructed by Daaleman & Frey (2002). The SIWB spirituality measures on One’s subjective well-being. This scale has 12 items which measures 6 sub dimensions of life
scheme and self-efficacy. This scale is based on 5-point scale and is based on Likert scale which extends from strongly agree to strongly disagree. The range of the scale is 0-60. A high score on this scale indicates high spiritual wellbeing. The Cronbach Alpha coefficients for the full scale and self-efficacy and life scheme subscales were 0.87, .83 and .80, respectively. The tool correlates well with other measures of wellbeing.

**Modified caregiver strain index by Robinson (1985)**

This index has 13 items for assessing the objective of care related strain of caregivers. evaluates strain arising from occupational, financial, social, physical and time related demands of caregivers. responses are scored 0, 1, or 2 and total possible score is 26. The highest score in this index indicates a greater degree of caregiver strain. This tool has been used to correlate with other measures of psychological distress and health deficits in caregivers. The internal consistency Coefficient is .86.

**Result and Discussion**

Table-1

Interpretation of Pearson correlation coefficients for depression, spirituality and caregiver burden.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Spiritual well being</th>
<th>Self-Efficacy</th>
<th>Life scheme</th>
<th>Caregiver burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>-.388*</td>
<td>-.436</td>
<td>-.436</td>
<td>.612**</td>
</tr>
<tr>
<td>Spiritual well being</td>
<td>-</td>
<td>.699**</td>
<td>.831**</td>
<td>-.125</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>-</td>
<td>-</td>
<td>.692</td>
<td>-.156</td>
</tr>
<tr>
<td>Life scheme</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-.064</td>
</tr>
</tbody>
</table>

**Correlation significant at the 0.01 level.**

Pearson’s correlation Coefficient analysis is applied to interpret the data. The interpretation and correlation results have been described in table -1. Depression and spiritual well-being are negatively related to each other, which shows that spiritual wellbeing and depression are not correlated positively (r= -.388, p<0.01) There is negative correlation between these two at 0.01
level. On the other instance depression and caregiver burden is positively correlated with each other and their correlation is 0.01. (r=-.612**).

Table 2 shows the differences in depression and spiritual wellbeing based on the level of education of the family.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Caregiver Education</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Std. Error of mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>School Level</td>
<td>35</td>
<td>25.83</td>
<td>11.87</td>
<td>2.49</td>
<td>2.95**</td>
</tr>
<tr>
<td></td>
<td>College level</td>
<td>45</td>
<td>19.68</td>
<td>11.63</td>
<td>1.974</td>
<td></td>
</tr>
</tbody>
</table>

**Significant at 0.01 level

To assess the relationship between caregivers' depression and education. caregivers were divided into two groups that are school educated and college-educated 2 and their scores suggest that School educated caregivers was higher than that of the group of graduate and postgraduate caregivers. Check the significance of difference t-ratio was also calculated and found significant at 0.01 level.

Table 3 shows the difference in depression based on employment of the family caregivers.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Employment status</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Std. Error Mean</th>
<th>t- value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Unemployed</td>
<td>26</td>
<td>28.98</td>
<td>12.564</td>
<td>2.437</td>
<td>2.374*</td>
</tr>
<tr>
<td></td>
<td>Employed</td>
<td>54</td>
<td>19.84</td>
<td>11.27</td>
<td>1.967</td>
<td></td>
</tr>
</tbody>
</table>

* Significance of difference at 0.05 level

The mean depression scores for unemployed caregivers (28.98) were higher than that of the employed caregivers, which suggest that unemployed caregivers have higher depression than employed caregivers. To check the significance of differences t ratio was also calculated and found the significant act 0.05 level.

Table 4 Who is the difference in depression based on the time spent daily in caregiving

<table>
<thead>
<tr>
<th>Variable</th>
<th>Time spent daily</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>St. Error Mean</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>up to 12 hours</td>
<td>38</td>
<td>16.86</td>
<td>15.354</td>
<td>3.564</td>
<td>2.879*</td>
</tr>
<tr>
<td></td>
<td>More than 12 hrs.</td>
<td>42</td>
<td>24.60</td>
<td>13.81</td>
<td>1.765</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 0.05 level.
Difference in the level of caregiver depression was also affected by the degree of duration provided by caregivers, although the groups were unequal with regard to this variable. The mean of depression regarding their duration of work is found that caregivers who gave more than 12 hours for caregiving of COVID patients scored the highest mean value (24.60). Beside this the t-value is also calculated to check the significance of difference between these two groups and is found significant at 0.05 level. Caregivers who were attending to their patients’ needs for over than 12 hours a day reported a higher value, when compared to their counterparts up who provided care for less than 12 hours. This difference between the mean on depression scores emerged to be significant.

Table 5 shows the difference and depression based on the spiritual wellbeing reported by the caregivers.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Spiritual well-being</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>St. error Mean</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>High</td>
<td>50</td>
<td>19.86</td>
<td>11.768</td>
<td>1.879</td>
<td>2.548*</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>30</td>
<td>28.43</td>
<td>12.34</td>
<td>4.61</td>
<td>9.61</td>
</tr>
</tbody>
</table>

*Significant at 0.05 level.

A vast majority of caregivers in the study reported that caregivers in the study reported a high degree of spiritual well-being. The study revealed that the variances were significant at 0.05 level between the two groups of caregivers who were high or low in spiritual wellbeing. The caregivers reporting higher spiritual wellbeing had a markedly lower mean depression school when compared to their counterparts reporting no spiritual well-being. The result reflects that the levels of depression reported by caregivers varied significantly with their spiritual functioning.

**Conclusion**

The current study aimed at understanding the relationship between depression and spiritual wellbeing in female caregivers of COVID patients. From the assessment of the objective burden faced by the caregivers as well as them over on subjective wellbeing, certainty findings have emerged in a current study. The study strengthens the notion that families' education and their employment are directly related to their caregiving burden. Findings that educated unemployed caregivers females were less depressed and also performs the literature on the economic burden of caregiving (Charalambous, Papastavrou & Tsangaris 2009). Employed caregivers have a steady source of income which may provide them with a greater sense of competence...
Female caregivers with the higher degree of educational attainment are likely to be more adept at processing information relating to the anus and the financial security may help them cope better with the economic competence of caregiver burden. In contrast, the covid patient administration is such that the caregivers are frequently required to be present to monitor the patients for hours on end. caregivers who spent more than 12 hours looking after the patient reported significantly higher levels of depression in this study. This time demand for caregiving can be seen as a contributing factor in female caregiver depression. Manne et al., (2004) and Weiss (2004) Reported spiritual and adverse growth in caregivers and that those autogenic changes were reflected most in their levels of life satisfaction and depression. full engagement with the process of caregiving, as assessed through sense of coherence, has been linked to lower caregiver depression (Val emaki et al.,2009). Female caregivers' perception of burden was closely linked to their depression symptoms, which were lower than caregivers reported greater spiritual functioning. The economic demands of covid patients, caregiving extent of daily caregiving provision and treatment contributed to female caregiver depression.

Limitations of the study:
The limitations of the present study involve Limited sample size and the lack of additional modalities of assessment like qualitative data. a more comprehensive picture of the caregiving experience would have been obtained if more outcomes both positive and negative were included in the scope of the study.

Implications:
The present study reinforces the role of the actual caregiving experience in depressive states that are common amongst the female caregivers. The study also sheds light on the value of spirituality as a way in which caregivers can manage their challenges better. There is an urgent need for families in close in the management of covid patients. Psychosocial assessment and support of family caregivers is strongly recommended.

References


• Herbert, R.S., Dang, Q., & Schulz, R. (2007). Religious beliefs and practices are associated with better mental health in family caregivers of patients with dementia: findings from the REACH study. American journal of geriatric psychiatry, 15(4), 292-300.


