

Effect of Positive Psychological Intervention on Mental Health of Relative Caregivers of Stroke Patients

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Abstract: Objective: To discuss the application value of positive psychological intervention on resilience and self-efficacy of relatives caregivers of stroke patients. Methods: 84 caregivers of relatives of stroke patients in our hospital from July 2017 to August 2018 were randomly selected as the research subjects. The treatment was retrospectively analyzed. The caregivers who used focused solution training were set as the control group, and the caregivers who used problem solving training were set as the experimental group. The number of samples in each group was 42, and their resilience to rescue was analyzed. The level and self-efficacy were compared and analyzed. Result: Ten weeks after different ways of nursing, the psychological elasticity score of the experimental group was much better than that of the control group, and the data between the two groups was statistically significant ($P < 0.05$); the self-efficacy score of the experimental group was much higher than that of the control group, and the data between the two groups was statistically significant ($P < 0.05$). CONCLUSION: Compared with the traditional intervention methods, positive psychological intervention can effectively and continuously improve the psychological resilience (overall) and self-efficacy level of caregivers of stroke patients.

1. Introduction

Every year, more than 2 million stroke patients occur in China. About 75% of them will have some degree of cognitive impairment and somatic function. For a long time, the normal life was disturbed, and family care gradually became a new way of family life for stroke patients. Sudden changes in family roles and adverse events have caused great physical and mental pressure on family caregivers, seriously affecting the physical and mental health of family caregivers. Nowadays, the most important problem is how to improve the role's adaptive function and develop its psychological potential. In this study, in the exploration of the physical and mental health of the caregivers of the family members of stroke patients, positive psychological intervention was used to analyze the clinical effect, and now the school report is made.

2. Materials and Methods

2.1 General information

We randomly selected 84 relatives caregivers of stroke patients in our hospital from July 2017 to August 2018 as the research object. We retrospectively analyzed their treatment. The caregivers who used focused solution training were set as the control group. The caregivers who used problem solving training were set as the experimental group. The number of samples in each group was 42. The control group included male family members. There were 20 caregivers, 22 female family caregivers, aged 46-69 years, with an average age of (56.5 (+3.1) years. Among them, 20 spouses, 15 offspring and 7 offspring spouses. The experimental group included 21 male family caregivers and 21 female family caregivers, aged 42-68 years, with an average age of (57.0 (+3.3) years. Among them,

19 spouses, 16 offspring and 16 offspring spouses. There are occasionally five. There was no significant difference in the basic data of family caregivers between the two groups ($P > 0.05$).

2.2 Method

In this study, four professional trainers were allocated, which were divided into focus-solving mode and traditional problem-solving mode. The courses mainly included family nursing guidance and physical and mental problems guidance. Family nursing guidance was mainly through telephone interaction or Wechat. Physical and mental problems guidance required on-site guidance. According to their own situation, caregivers who receive training should choose a telephone or Wechat platform to make an appointment for class time. They should attend one training session every week (5-15 persons each time, 60-90 points). A total of five training sessions are required, and the maximum time is not more than seven weeks.

The control group was trained in the way of problem solving. The five classes were as follows: (1) Creating problem situations: encouraging family caregivers to talk about the critical psychological and physical problems they are facing, and elaborating on the details of the human body. (2) Fact collection: to explore the possible factors of the problem, and to assess its severity. (3) Solution Exploration: Induce family caregivers to give examples to illustrate, "How do family members solve similar emotional and physical problems before they get sick?" (4) Application examples to solve the problems in detail. (5) Evaluation: Summarize the experience of solving problems, so as to find solutions to new problems, and evaluate each other at the same time [3-4].

In the experimental group, the focus-on-solving model was used for training. Five class hours were as follows: (1) Describe the problems: motivate family caregivers to talk about the important psychological and physical problems they are facing, analyze the resources that can deal with these problems, induce individuals to exert their self-potential, build up their courage to solve problems, and enhance their confidence in solving problems. . (2) Construction of feasible goals: If the problem is solved in time, what are the differences between the patient's situation and the current situation, and take the patient's narrative as the possible direction of progress. (3) Exploration of exceptions: Induce family caregivers to give examples to illustrate, "How do family members solve similar emotional and physical problems before they get sick?" (4) Feedback: Summarize the advantages of family caregivers, analyze the resources they can use, sort out the timely and effective coping styles used, so that family caregivers can improve their awareness of their potential, and appreciate them through mutual evaluation or self-evaluation. (5) Evaluation: Share the progress in the process of solving the problem and the next goals and plans, and choose the mutual evaluation. Psychological resilience and self-efficacy were assessed before and 10 weeks after training for family caregivers in two groups [5-6].

2.3 Index Observation

The psychological resilience of the caregivers of the two groups was assessed by using the Resilience Scale (25 items). The higher the score, the better the resilience level of the caregivers.

The self-efficacy of caregivers in two groups was assessed by using self-efficacy scale (10 items). The score was 1-4. The higher the score, the better the self-efficacy.

2.4 Statistical Method

Data were recorded and analyzed by SPSS17.0 statistical software package. Number data were described by n (%) and measurement data were described by S. The differences between groups were tested by T and χ^2 test. When $P < 0.05$, there was clinical comparable significance.

3. Results

3.1 Comparison of Psychological Elasticity Scores of Family Caregivers in Two Groups

Ten weeks after different ways of nursing, after evaluating the psychological resilience of family

caregivers of the two groups, it was found that the scores and total scores of psychological resilience of family caregivers in the experimental group were much higher than those in the control group, and the data between the two groups were statistically processed ($P < 0.05$), with statistical significance. Details are shown in Table 1.

Table 1 compares the resilience scores of family caregivers between the two groups [$(\bar{x} \pm s)$, scores]

group	Example	Optimism	Self-improvement	Resilience	Total score
Experience group	42	13.89±2.46	22.59±4.16	34.51±6.47	73.69±13.92
control group	42	9.13±2.32	19.97±3.98	30.12±6.24	60.08±11.86
T		9.1228	2.9492	3.1651	4.8231
P		0.0000	0.0041	0.0022	0.0000

3.2 Comparison of self-efficacy scores between two groups of family caregivers

Ten weeks after different ways of nursing, after evaluating the self-efficacy of family caregivers in the two groups, it was found that the self-efficacy scores of family caregivers in the experimental group were significantly better than those in the control group, and the data between the two groups were statistically processed ($P < 0.05$), with statistical significance. Details are shown in Table 2.

Table 2 compares the self-efficacy scores of family caregivers between the two groups [$(\bar{x} \pm s)$]

group	Example	Before nursing	Ten weeks after nursing
Experience group	42	2.72±0.51	3.87±0.81
control group	42	2.69±0.58	2.91±0.72
T		0.2517	5.7407
P		0.8019	0.0000

4. Discussion

Stroke is a common cerebrovascular disease in neurosurgery clinic. Its mortality and disability rate are high. The main clinical manifestations are language function and implant dysfunction in varying degrees, which poses a great threat to the life safety and healthy life of patients. At the same time, due to the impact of patients' diseases, family members not only have to bear the pressure of changing family roles and overburdened economic pressure, but also take on the heavy and long-term work of caring for patients' living diet, arranging medical matters and soothing their emotions [7]. As a result, the family members of the patients suffer from anxiety, depression and other negative emotions, which seriously affect the prognosis of the patients. At the same time, the family caregivers' psychology has also undergone various degrees of hardship, and the degree of their psychological resilience has been significantly reduced. Positive psychological intervention is a pertinent and scientific psychological nursing intervention designed for the caregivers of the family members of stroke patients according to the specific conditions during their illness. It mainly includes the improvement of the self-efficacy and resilience level of the family caregivers. The purpose of self-efficacy is to trigger the potential positive force of the family caregivers themselves. Quantity and quality, to guide family caregivers to make rational use of their existing resources, in order to achieve the goal of solving problems and achieving goals. At the same time, in the positive subjective emotional experience, gradually improve the existing way of thinking and behavior, create positive and optimistic individual characteristics, in order to achieve the establishment of positive attribution, so as to enhance their self-efficacy. The implementation of long-term positive psychological intervention enables family caregivers to adopt flexible and relaxed ways to cope with family difficulties, psychological emotions and life pressures, and at the same time to actively and actively seek resources to help, even if the plight remains unchanged, they can still sum up experience, continue to work hard, and will not make them courageous and confident, thereby making them resilient. Gradually improve. Problem-solving model and focus-solving model are two methods of

positive psychological intervention training. Compared with problem-solving model, focus-solving model is more targeted, meticulous and challenging, which enables family caregivers to find their own shortcomings in time and actively correct them to achieve the goal of early recovery of patients [8-9]. The results of this study also show that the level of resilience and self-efficacy scores of the experimental group using focused solution are significantly better than those of the control group using problem-solving method. The results again verify the effectiveness of this method. In conclusion, the application of focused solutions in the training of family caregivers of stroke patients can significantly improve their resilience index, and their sense of self-efficacy is easily improved, which is worthy of widespread clinical use and promotion.

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