

Quality of Life of caregivers of equine therapy practitioners in the Federal District

Qualidade de Vida de cuidadores de praticantes de equoterapia no Distrito Federal

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ABSTRACT The caregiver offers individualized care, and the quality of his/her performance influences the Quality of Life (QoL) of disabled individuals. Overworking or lack of guidance can affect the caregiver's health either positively or negatively. This article aimed at evaluating the QoL of caregivers of equine therapy practitioners in the Federal District. A cross-sectional study was carried out in eight equine therapy centers of the Federal District, linked to Ande-Brasil, using the WHOQOL-bref questionnaire, to evaluate the QoL of caregivers of equine therapy practitioners. A total of 389 caregivers were studied, 71.72% of which were females and 28.27% were males. The analysis of answers to the questionnaires showed that the Social Relations domain obtained the highest satisfaction score (66.13); the Psychological domain scored 64.52; the Environment domain scored 60.8; and the Physical domain presented the lowest score, 56.46. Scores average was 61.89. The results showed that the work the caregiver performs may cause negative physical and mental changes, and these changes can influence the quality of care and her/his own well-being.

KEYWORDS Equine-assisted therapy. Caregivers. Quality of Life.

RESUMO O cuidador oferece atendimento individualizado, e a qualidade de sua atuação influencia na Qualidade de Vida (QV) da pessoa com deficiência. A sobrecarga de trabalho ou a falta de orientação quanto à melhor forma de sua atuação pode influenciar negativamente em sua saúde. Este artigo teve como objetivo avaliar a QV dos cuidadores dos praticantes de centros de equoterapia do Distrito Federal. Foi realizado um estudo de corte transversal em oito centros de equoterapia do Distrito Federal vinculados a Ande-Brasil, utilizando como instrumento de avaliação o questionário WHOQOL-bref para avaliar a QV dos cuidadores dos praticantes de equoterapia. Foram estudados 389 cuidadores, dos quais 71,72% correspondem ao gênero feminino e 28,27% correspondem ao gênero masculino. Na análise dos resultados dos questionários, o domínio Relações Sociais obteve maior satisfação com escore de 66,13; o domínio Psicológico obteve escore de 64,52; o domínio Ambiente obteve escore de 60,8; e o domínio Físico apresentou o menor escore, obtendo 56,46. A média dos escores obtidos foi de 61,89. Os resultados demonstraram que a tarefa de cuidador pode provocar alterações físicas e mentais de forma negativa, e isso pode influenciar na qualidade de atendimento e no bem-estar do praticante.

PALAVRAS-CHAVE Terapia assistida por cavalos. Cuidadores. Qualidade de Vida.

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Introduction

Equine therapy is proving effective in treating a number of dysfunctions. In this therapeutic modality, the horse is used as a tool, in an interdisciplinary approach, associated with a multi-sensorial environment, providing sensory-motor stimuli¹. On this basis, equine therapy is able to proportionate improvements in postural control and coordination, weight distribution and transfer², equilibrium, improvements in proprioception, spatial and temporal parameters and march³, promoting better Quality of Life (QoL) and leading to the individual's biopsychosocial development⁴.

Despite these benefits, better QoL does not exclusively depend on the rehabilitation process: it is effective when the context of disabled person is inserted in and, even more importantly, the daily care he/she is submitted to. In this context, the Unified Health System (Sistema Único de Saúde – SUS) has been informing health professionals the importance of including both the family and the caregivers in their evaluations, in order to provide the more adequate therapeutic routes, as well as to promote the well-being of disabled individuals⁵.

The caregiver activity is included in Brazilian Occupations Classification, where this professional is defined as responsible for helping the person under care in his/her daily activities and for watching over his/her well-being, directly influencing conditions such as the patients' level of physical activity and precocious institutionalization⁶. The physical and psychological burden experienced by the caregivers may lead them to neglect their own health and to jeopardize their own quality of life, with negative impacts on their own well-being⁷⁻⁹.

Relevant as they are, the QoL of caregivers, who may be either a member of the family or a hired professional, is one of the main concerns in home care of chronic patients¹⁰. The main purposes of health promotion

programs for care-dependent patients are caregivers' QoL and functional skills, factors that may exert negative influence when their physical and mental well-being are inadequate, leading to a complex multidirectional interaction between structures and physiological functions, abilities and performance of activities, besides social participation^{11,12}.

The purpose of this study was, thus, to evaluate the QoL of caregivers in charge of practitioners of equine therapy in the Federal District.

Material and methods

From September to November 2015, a transversal study with convenience sample was carried out, using a questionnaire submitted to caregivers of practitioners in eight Equine Therapy centers in the Federal District, linked to the National Equine Therapy Association (Ande-Brasil): Centro Básico de Equoterapia General Carracho; Vila Equestre Equilíbrio; Centro de Equoterapia do Regimento de Polícia Montada do Distrito Federal; Instituto Cavalos Solidário-Sede; Instituto Cavalos Solidário – Unidade Regimento de Cavalaria de Guarda; Centro de Equoterapia Cavaleiros de São Jorge; Asbrate – Espaço Equestre Sociedade Hípica de Brasília.

The research was carried out using verbal approach during Equine Therapy practices. The caregiver was the person primarily responsible for the care offered to the practitioner, irrespective of family relationship. The study was approved by the Research Ethics Committee of Universidade Paulista (Unip) (CAAE: 48306915.2.0000.5512), and all those who were evaluated have previously formalized their participation by signing the Free and Informed Consent.

The shortened version of the World Health Organization Quality of Life (WHOQOL-bref), developed by the World Health Organization, and validated in Brazil by Fleck et al.¹³ was used for the evaluation.

The questionnaire includes four domains: physical, psychological, social relations and environment, with 26 subjective evaluation questions, two of which are general questions about QoL, and each of the remaining 24 represents one of the 24 four facets.

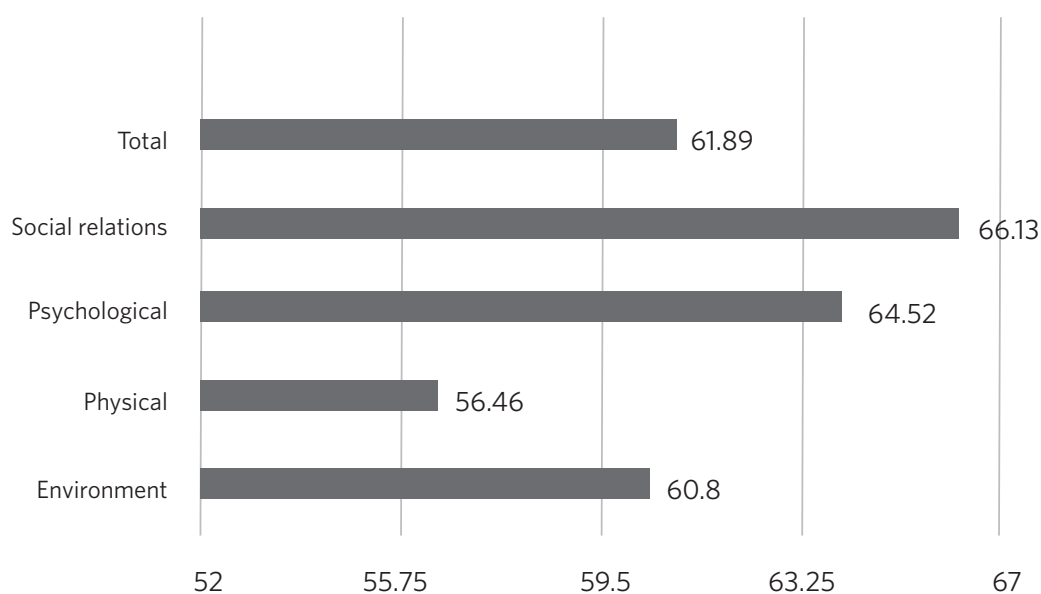
Data analysis was performed using the software Statistical Package for the Social Sciences – SPSS 21, according to the model of means and scores proposed by Fleck et al.¹³

Results

The 389 caregivers sample included 279 women (71.72%) and 110 men (28.27%).

In the analysis of questionnaire results, Social Relations and Psychological domains obtained the highest scores (respectively 66.13 and 64.52), while the Physical domain presented the lowest score, as shown in *figure 1*.

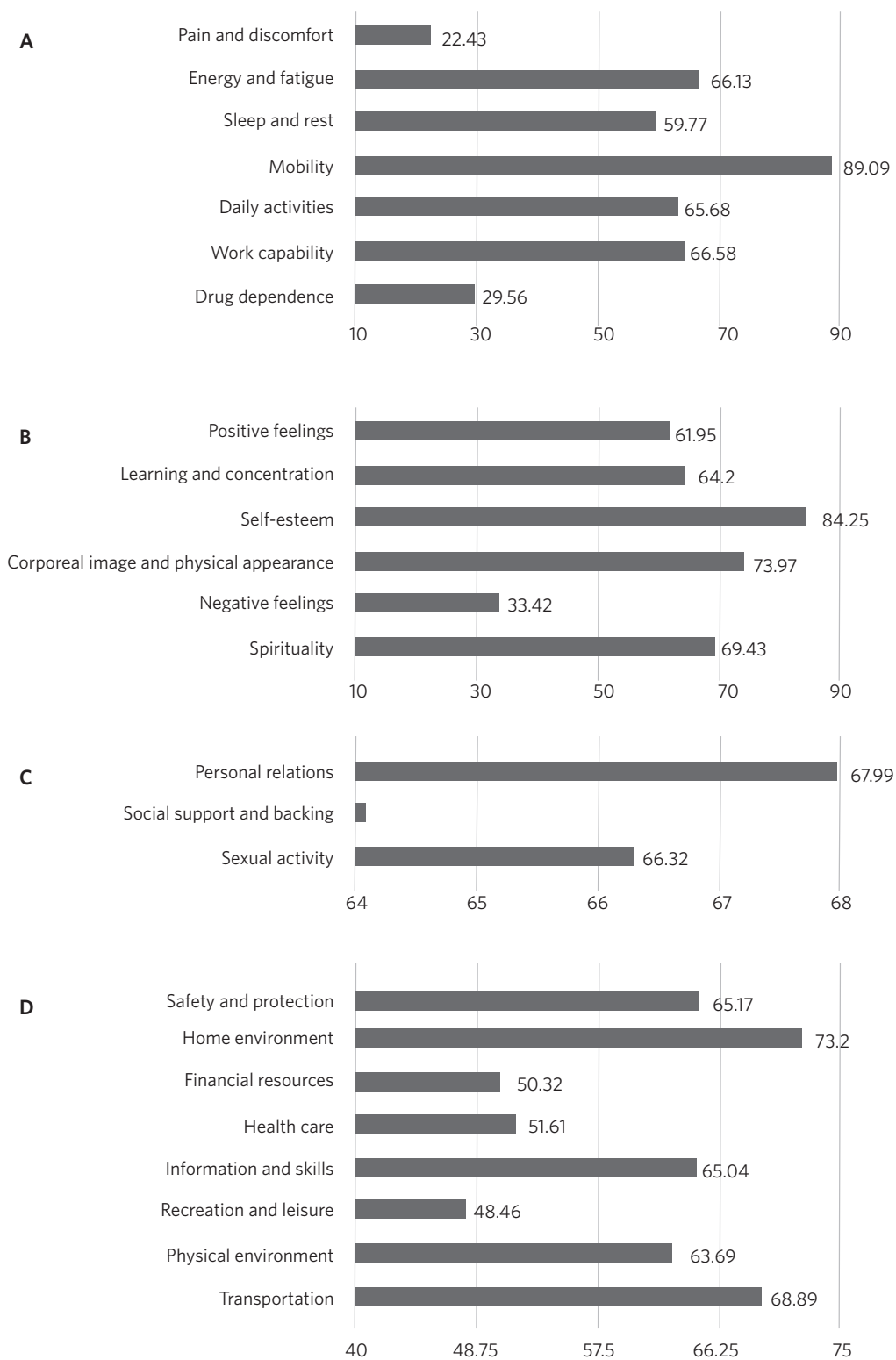
Figure 1. Representation of the score per domain



The analysis of each domain involves specific questions. In the Physical domain (domain I), individuals evidenced their satisfaction with their locomotion abilities (89.09), were not very satisfied with their performance at work (66.58), not very satisfied with their daily energy and not very

satisfied as to sleep and rest (59.77). The majority of the interviewees reported constant need of medicines, pain and discomfort, which led to dissatisfaction and strong dissatisfaction scores (respectively 29.56 e 22.43), as shown in *figure 2-A*.

Figure 2. Representation of the scores per domain A - Physical; B - Psychological; C - Social relations; D - Physical environment and access to services



As to the psychological aspects (domain II), the individuals reported self-satisfaction (84.25), reasonably satisfied with their physical appearance (73.97), as well as with their beliefs and religion (69.34), and their learning, memory and concentration skills (64.20). They presented themselves as reasonably satisfied with their feelings and positive thoughts (61.95), but periodically referred negative feelings (33.42), which led to dissatisfaction score, as shown in *figure 2-B*.

As to social relations (domain III), they were reasonably satisfied with their bonds with friends, colleagues, relatives and acquaintances (67.99), with their sexual life and with the support received from friends (64.07) (*figure 2-C*).

Domain IV involves aspects related to the physical environment and access to services. When questioned about their environment, as to climate, noise, pollution, and the attractiveness and conditions of the place where they live, opinions were reasonably satisfactory (respectively 73.20 and 63.69). Access to information (65.04), to health services (51.61) and to transportation (68.89) were also considered reasonably satisfactory; and security (65.17) and financial resources available for their needs (50.32) were considered not very satisfactory.

They were dissatisfied with the limited opportunities for leisure (48.46) (*figure 2-D*).

In questions 1 and 2, where the individual evaluates his/her own quality of life, a median satisfaction score was obtained (71.45).

Discussion

The study has shown a prevalence of female caregivers, which corroborates the results of previous studies^{14,15} and demonstrates the social relevance of women as care providers, and the importance of an increase in male participation in the caregiving role¹⁶.

Based on the WHOQOL-bref, the analysis of QoL is classified as median,

as demonstrated in other studies^{17,18}. The decline in physical well-being, mainly resulting from drug dependence, presence of pain or discomfort, and difficulties and/or lack of sleep and rest are the main factors influencing QoL deficit.

Eker & Tuzun¹⁹ evaluated the QoL of mothers of children with brain paralysis, and reported the impact of daily caregiving tasks with their children on the mothers' physical well-being. The study showed that helping or performing daily life activities (DLA) and the physically disabled children's locomotion exerts high physical pressure on the caregiver's functional capabilities¹⁹. In the same vein, Trigueiro et al.²⁰ reported that constant emotional tension and physical effort generate physical pain for the caregiver, which, summed to other responsibilities, such as domestic tasks, attention to other members of the family, yet added to professional work, are factors that lead to health deterioration.

Low income is also an important factor affecting QoL, and this study did obtain low scores in aspects that evaluate financial resources. Nakatan et al.²¹ and Gonçalves et al.¹⁴ reported that one of the consequences of caregiving responsibilities, particularly when person under care presents high levels of functional dependence, is the large amount of time the caregiver spends and that, under such circumstances, many caregivers come to present professional limitations, which usually lead them to abandon the professional life.

They also report that, as a consequence, the caregiver tends to neglect his/her self-care, including health, which affects the physical domain and aspects related to the environment and to access to services, justifying the 'not very satisfactory' result in the present study.

Delalibera et al.²² observed impacts on caregivers' routines, since the individual under care tends to be involved in several rehabilitation activities, which requires more

time dedicated to him/her, thus reducing the time the caregiver could use for his/her own care and leisure, at the cost of damage to his/her social life and psychological consequences. According to Tekinarslan²³, caregivers who attend patients with special needs are more vulnerable to depression, due to the large amount of time and effort required. The author also reports that with patients with socialization difficulties, such as Autistic Disorders, the caregivers participation in outside activities is even more troublesome, since his/her attention is completely drawn to the child, and some professionals find it difficult to understand the child's behavior²³. Therefore, the resulting overload and the sparing opportunities for leisure due to the time spent in care, financial problems, dissatisfaction with the environment and the constant perception of tiredness can lead to negative feelings and to impacts on social relations, which correspond to the psychological and social domains that registered low scores in this study.

As to self-evaluation, it can be noticed that individuals focused in this study evaluate their own QoL as median. According to Kluthcovsky et al.²⁴, this analysis results from the combination of the most relevant aspects of their lives, which leads to a global evaluation that may change over the lifetime. The authors also remark the importance of this evaluation as a tool to appreciate the individual's opinion. In this study, similar

scores were obtained in the overall evaluation of both the questionnaire and the self-evaluation.

This study did not detail characteristics and correlations between caregivers' and practitioners' profiles. Future research should proceed to deeper characterization of the sample and investigate to what extent the practitioner's functional dependence on the caregiver impacts his/her performance. Another important aspect was the fact that many caregivers had low educational level, requiring the researcher to help him/her when filling out the questionnaire, which may have influenced the responses.

Conclusions

The results evidenced that the task of caregivers of practitioners of equine therapy can lead to negative physical and mental changes, which can affect the quality of the care provided to the person under care and his/her well-being. Adequate assistance must thus be provided to these individuals.

The research included all the equine therapy centers in the Federal District, and a significant parcel of the caregivers was interviewed. Nonetheless, further studies in other equine therapy centers are necessary to confirm these findings. ■

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