

Perceived Quality of Life and Cognitive Stress Appraisal in Patients with Generalized Anxiety Disorder

Nosheen Nadeem¹,
Saima Majeed² and
Altaf Qadir Khan³

- 1 University of Sargodha, Canal Campus, Lahore, Pakistan
- 2 Ph D Scholar, Clinical Psychologist, Punjab Institute of Mental Health, Lahore, Pakistan
- 3 Assistant Professor, Lahore General Hospital, Lahore, Pakistan

Corresponding author: Saima Majeed

✉ saimamajeed57@yahoo.com

ADCP, MS, PhD Scholar, Clinical Psychologist, Punjab Institute of Mental Health, Lahore, Pakistan.

Tel: 923004281355

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Abstract

Objective: The aim of the present research was to investigate the relationship between Perceived Quality of Life and Cognitive Stress Appraisal in patients with Generalized Anxiety Disorder (GAD). Another purpose of the present research was to explore the gender difference regarding study variables.

Design: Correlational study with cross sectional research design.

Duration and place of study: It took 6 months to complete the data collection from five hospitals of Lahore city including Lahore General Hospital, Jinnah Hospital, Ganga Ram, Services Hospital and Punjab Institute of Mental Health.

Subject and method: A non-probability purposive sample of 80 patients with GAD, age ranging from 18 years and above. Measures for data collection were demographic questionnaire, Stress Appraisal Measure (SAM) and WHO Quality of Life Scale.

Results: Results indicated that there is positive significant relationship between Perceived quality of life and cognitive appraisal of patients with GAD. But no gender difference was obtained. Clinical implications of the study were also made.

Keywords: Perceived quality of life; Cognitive stress appraisal; Patients with GAD

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Introduction

The World Health Organization (2005) [1] characterizes Quality of life as "an individual's recognition of their position in life in the setting of the society and quality frameworks in which they live and in connection to their objectives, desires, principles and concerns. It is an expansive going idea influenced in a complex manner by the individual's physical wellbeing, mental state, particular convictions, social connections and their relationship to remarkable characteristics of their environment" [2].

Quality of life has also been defined "as the fulfillment of an individual's qualities, objectives and needs through the realization of their capacities or lifestyle" [3]. This definition is predictable with the conceptualization that fulfillment and wellbeing stem from the level of fit between an individual's observation of their target circumstance and their needs or desires [4].

The quality of life of a population is an important concern in clinical and health psychology. There are numerous parts to prosperity. A huge part is expectation for everyday life, the

measure of cash and access to merchandise and administrations that an individual has; these numbers are decently effectively measured. Others like opportunity, joy, symbolization, ecological wellbeing, and advancement are far harder to measure. This has made an inescapable lopsidedness as projects and strategies are made to fit the effectively accessible monetary numbers while disregarding alternate measures that are extremely troublesome to get ready for or evaluate [5].

Cognitive Stress appraisal theory is a theory of emotions, which states that a person's evaluative judgment (or appraisal) of a situation, event or object determines or contributes to his or her emotional replication to it [6]. Cognitive Stress Appraisal refers to particular understanding of a condition. A cognitive stress appraisal is characterized as the route in which an individual sees a given circumstance. Cognitive stress appraisal hypothesis manages how individuals assess circumstances. It is a hypothesis of feeling. At the point when something happens, we need to dissect the occasion, figure out how it impacts. Lazarus [7], expressed that cognitive stress appraisal happens when an

individual considers two central point that majorly help in his reaction to stretch. These two elements include: By and large, cognitive appraisal is isolated into two sorts or stages: essential and auxiliary appraisal [7].

Generalized anxiety disorder (GAD) is a typical anxiety disorder that includes perpetual stressing, anxiety, and strain. Extreme anxiety and stress (anxious desire), happening for more number of days but not less than 6 months, around various occasions or situations, (for example, work or school execution).The trademark characteristic of generalized anxiety disorder is stress that has been theorized to be a key component in the handling of danger related data transforming inclinations in the areas of consideration, memory, understanding of uncertainty, and critical thinking; on the other hand, stress and cognitive predispositions are not one of a kind to generalized anxiety disorder.

The essential point of the current study is to examine the perceived quality of life and cognitive stress appraisal in patients with generalized anxiety disorder (GAD) within Pakistani cultural context and explore gender difference. The present examination tries to reply succeeding inquiries: whether males and females patients with GAD are liable to be distinctive in regards to quality of life and cognitive stress appraisal. The present study also aimed to examine the perception regarding quality of life and different styles of appraisals that patients with GAD might use.

Hypotheses

H1: There is likely to be a relationship between Perceived Quality of life and Cognitive Stress Appraisal in patients with GAD.

H2: Men and women are likely to be different regarding quality of life and cognitive stress appraisal

Method

Research design

The present study is a co relational study followed a cross sectional research design.

Participants

A non-probability purposive sample of 80 patients with generalized Anxiety Disorder (GAD) was drawn from outpatient Psychiatry departments of five different hospitals of Lahore city. The important demographic details of participants are given below in **Table 1**.

Most of the patients were married, jobless and illiterate or under matric with mean age range was 35.34(10.16). Mean educational level was middle 8.43(6.06). They belong to lower socioeconomic status as their mean monthly income was 7956.25 (10669.42) and most of them belonged to nuclear family system.

Measures for data collection

Demographic variable questionnaire:

The questionnaire recorded information regarding: age, gender, education, profession, marital status, duration of illness, family monthly income of the participant.

Table 1 Demographic details of research participants (N=80). Note: f, frequency; %, percentage

Variables	F	%
Gender		
Male	41	51.3
Female	39	48.8
Profession		
Employment	35	43.8
Unemployment	45	56.3
Family System		
Joint	28	35.0
Separate	52	65.0
Marital Status		
Married	43	53.8
Single	30	37.5
Separation	3	3.8
Divorced	2	2.5
Widow	2	2.5
Insight of psy illness		
Present	80	100.0
Absent	0	0

WHO quality of life-BREF (WHOQOL-BREF)

The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment. The WHOQOL-BREF is a shorter version of the original instrument that may be more convenient for use in large research studies or clinical trials. And Urdu version of measure was used for present research.

Stress appraisal measure (SAM, Peacock & Wong, 1989)

Stress Appraisal Measures [8] to assess the dimension of primary (threat, challenge and centrality) for a specific anticipated stressor. The stress appraisal measures (SAM) consist of 28 items measure the aggregated life event and was originally designed to measure cognitive stress appraisal of anticipatory stressor. Each item has 5 point scale. Six dimension of primary and secondary appraisal were defined: threat, challenge, centrality, and controllable-by-self, controllable-by-other, uncontrollable-by-anyone. The SAM includes 7 subscales which assess both primary and secondary appraisal as well as overall stressfulness. The scale was named as stress, threat challenge, centrality, control by others, self control and uncontrollable. In present study Urdu translated version of SAM (Ali & Majeed, 2013) [9] was used. Cronbach alpha of Urdu version was (.75).

Procedure

Before going into field and during data collection, all ethical standards of American Psychological Association(APA) were followed. First of all permission was taken from all authors of

measures for data collection, both original and translators. Permission for data collection was taken from the Executive Director of Punjab Institute of Mental Health and Heads of Psychiatric Department of five hospitals of Lahore city. Then data collection was initiated. Written informed consent was signed by each patient. Brief description of nature and purpose of the study was provided to the patients and they were also be informed that the collected information would be remained confidential and used only for academic and research purpose (Table 2).

Results

Table 3 displays the maximum, minimum range means and

Table 2 Mean, Standard Deviation and Alpha co-efficient for WHOQOL and SAM.

Note: N=Sample Size; SD=Standard Deviation: Min=Minimum; Max=Maximum; WHOQOL= The World Health Organization Quality of Life Scale; SAM=Stress Appraisal Measure

Variables	Mean	SD	Range		α
			Min	Max	
WHOQOL	83.16	12.23	56	104	.91
Primary Appraisals					
Challenge	13.55	1.81	10	19	.40
Threat	14.35	2.38	8	19	.48
Centrality	14.21	2.02	9	18	.33
Secondary Appraisal					
Control by Self	14.00	2.10	9	18	.31
Control by Other	13.89	2.05	8	18	.39
Uncontrollable	13.85	1.64	9	17	.48
Stressfulness	13.49	1.82	9	16	.42

Table 3 Co relational between quality of life and cognitive stress appraisal in patients with GAD.

Note: WHOQOL=The World Health Organization Quality of Life; SAM=Stress Appraisal Measure; GAD=Generalized Anxiety Disorder

	WHOQOL	1	2	3	4	5	6	7	SAM
WHOQOL	-	.383**	.059	.379**	.224*	.326**	.401**	.517**	.475**
1.Stress	-	-	.443**	.232*	.492**	.325**	.401**	.385**	.704**
2.Threat	-	-	-	.334**	.391**	.183	.338**	.287**	.671**
3.Challeng	-	-	-	-	.307**	.263*	.238*	.548**	.612**
4.Centrality	-	-	-	-	-	.197	.263*	.485**	.674**
5.Control by Self	-	-	-	-	-	-	.450**	.305**	.594**
6.Control by Other	-	-	-	-	-	-	-	.383**	.671**
7.Uncontrollable	-	-	-	-	-	-	-	-	.704**
SAM	-	-	-	-	-	-	-	-	-

Table 4 Gender wise difference across Quality of Life and Cognitive Stress Appraisal (N=80) as measured by WHOQAL and SAM.

Note: N= Sample Size, M=Mean; SD= Standard Deviation, P= Significance, LL= Lower Limit, UL = Upper Limit, SAM=Stress Appraisal Measure, WHOQOL=The World Health Organization Quality of Life

Measures N=80	Male n=41 M (SD)	Female n=39 M (SD)	t	df	P	95%CI		Cohen's d
						LL	UL	
WHOQOL	85.76(11.54)	80.43(12.50)	1.98	78	.05	-.03	10.67	0.44
SAM	90.78(8.72)	96.87(9.62)	.44	78	.65	-3.17	4.99	0.10
Threat	14.22(2.47)	14.49(2.29)	-.50	78	.61	-1.33	.79	0.11
Challenge	13.61(2.02)	13.47(1.59)	.30	78	.76	-.69	.93	0.07
Centrality	14.41(2.01)	14.00(2.03)	.91	78	.36	-.48	1.31	0.20
Control by Self	14.10(1.88)	13.90(2.33)	.42	78	.67	-.74	1.31	0.09
Control by Other	13.83(2.02)	13.95(2.10)	-.25	78	.79	-1.04	.80	0.06
Uncontrollable	13.97(1.57)	13.72(1.72)	.70	78	.48	-.47	.99	0.15
Stress	13.63(1.68)	13.33(1.96)	.73	78	.46	-.51	1.11	0.16

standard deviations of subscales of SAM and WHOQOL. In subscales of SAM, threat obtains high score.

Results indicated that patients with GAD perceived their quality of life adequate and they mostly appraise the stress as challenge and threat. Internal consistency of both scales was adequate and psychometrically acceptable.

Findings show that there is significant relationship between Quality of Life and SAM for patients with GAD. Results also revealed significant relationship between all subscales of SAM and Quality of life.

The result in Table 4 shows that there is no gender difference in patients with Generalized Anxiety Disorder on Perceived Quality of Life and Cognitive Stress Appraisal. Men and women perception about their quality of life and stress appraisal is as similar as the women.

Discussion

The results of present study revealed positive relationship between Perceived Quality of Life and Cognitive Appraisal in patients with GAD. Results also supported by other studies [10] explored that GAD impacts one's perceived life satisfaction or quality of life. They also reported lower quality of life than no anxious controls, particularly in regard to self-esteem, goals and values, money, work, play, learning, creativity, friends, and relatives. Trait worry was positively correlated with impairment and inversely related to life satisfaction within the clinical sample. Older GAD patients reported worse health-related quality of life across most domains than asymptomatic older individuals. There

were no differences in quality of life between GAD patients with and without psychiatric co morbidity, and co morbidity did not predict quality of life in multivariate regression analyses. Results suggest that GAD diagnosed later in life is associated with substantial impairment in quality of life [11].

The study resulted in significant negative relationship between the avoidant coping strategies and Quality of life and positive relationship between active coping strategies and Quality of Life among patients with GAD. The findings also suggested significant relationship between Quality of Life and self esteem. Results showed that there is a significant relationship among Perceived Quality of Life, self-esteem and coping strategies in patients with GAD within Pakistani cultural context [12].

Present study results indicated no gender difference regarding perceived quality of life and cognitive appraisal in patients with GAD. It is also supported by other indigenous researches [9]. It was investigated that the relationship among anger, worry and stress appraisal in patients with Generalized Anxiety Disorder (GAD). It also studied high level of anger and stress appraisal as predictor of worry in patients with Generalized Anxiety Disorder. Their study results indicated significant positive relationship among anger, worry and stress appraisal in patients with

Generalized Anxiety Disorder. But male were not different from female patients regarding these variables.

The phenomenon of anger and stress appraisal in patient with coronary heart disease was studied [13]. Their study results indicated significant positive relationship depicted between stressfulness and anger. Whereas no gender difference regarding anger and stress appraisal detected, in their sample.

Conclusion

The present study results show that more male population was suffering from Generalized Anxiety Disorder. Most of the patients were middle age group and in 19 to 59 of age range. They belonged to lower socio economic status. Most of them were not suffering from any physical illness. Mostly patients live in nuclear family system and were married. Among diagnosed Generalized Anxiety Disorder proportion of the sample had insight regarding their psychological illness. Results depicted that Perceived Quality of Life and Cognitive Stress Appraisal has significant positive relationship in patients with GAD. But male and female patients were not different regarding Perceived Quality of Life and Cognitive Stress Appraisal.

References

- 1 World Health Organization (2005) *Mental Health Atlas*.
- 2 Oort F (2005) Using structural equation modeling to detect response shifts and true change. *Qual Life Res* 14: 587-598.
- 3 Emerson E (1985) Evaluating the impact of deinstitutionalization on the lives of mentally retarded people. *Am J Ment Retard* 90: 277.
- 4 Felce D, Perry J (1995) Quality of life: its definition and measurement. *Res Dev Disabil* 16: 51-74.
- 5 Spilker B (1996) *Quality of Life and Pharmacoeconomics in Clinical Trials* (2nd ed.) Lippincott-Raven, Philadelphia.
- 6 Fournier M (2010) *L'avènement de la consommation*. Sciences Humaines.
- 7 Lazarus RS (1982) Thoughts on the relations between emotion and cognition. *Am Psychol* 37: 1019-1024.
- 8 Peacock EJ, Wong PTP (1990) *The Stress Appraisal Measure (SAM)*. A multi-dimensional approach to Cognitive Appraisal. *Stress Med* 6: 227-236.
- 9 Ali G, Majeed S (2014) *Anger, worry and stress appraisal in patients with Generalized Anxiety Disorder* (unpublished thesis). University of Sargodha, Lahore Campus, Pakistan.
- 10 Henning ER, Cynthia LT, Douglas SM, David MF, Richard G, et al. (2006) Impairment And Quality Of Life In Individuals With Generalized Anxiety Disorder. *Depress Anxiety* 24: 342-349.
- 11 LeBlanc TW, Abernethy AP (2013) Quality of life in higher resolution: the next generation of comparative effectiveness research in malignant hematology. *Haematologica* 98: 823-824.
- 12 Naz F, Majeed S (2013) *Perceived Quality of Life, Self-Esteem and Coping Strategies in patients with Generalized Anxiety Disorder* (unpublished thesis). University of Sargodha, Lahore Campus, Pakistan.
- 13 Mushtaq R, Majeed S (2014) *Anger and Stress Appraisal in patients with coronary Heart Disease* (unpublished thesis). Punjab University Lahore Campus, Pakistan.