make you feel? Across all six questions, response options ranged from one (not at all) to four (very much).³

With both support and conflict scores established for each participant, the researchers targeted the psychosocial outcomes of satisfaction with life and depressive symptoms. However, before these relationships could be examined, other variables had to be considered and controlled for. Older age, better mobility, and better self-reported health were all found to be correlated with higher satisfaction with life scores. As such, these variables had to be statistically controlled for, along with global social support, to determine the impact of caregiver support on satisfaction with life.³

Ultimately, the anticipated relationships were confirmed. Those individuals citing higher levels of support from their primary caregivers reported higher satisfaction with life, while those individuals citing elevated conflict levels with their primary caregivers reported lower satisfaction with life.³ While these correlations reached statistical significance, it should be noted that the correlations between caregiver support and conflict and satisfaction with life were lower than those observed between satisfaction with life and mobility, age, and self-reported health.

By contrast, while there was a very robust correlation between caregiver conflict and depressive symptoms, the correlation between support and decreased depressive symptoms fell shy of statistical significance.³

CONCLUSION
As the O&P profession continues to hold itself accountable for the outcomes obtained within the amputee community, the variables that impact the core outcomes of mobility, quality of life, social participation, and satisfaction with life need to be understood. While socialization is largely outside of the direct influence of a clinical prosthetist, an appreciation of its potential impacts can ultimately inform clinical decision making.

References