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Article

The Development of Daily Activities Schedule for Depressive Patients

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Abstract: This research was conducted to investigate the correlation between daily activity schedule and depression in depressive patients and to determine the predictive value of structured daily activities in alleviating depressive symptoms. The research design used was quantitative descriptive research design and a sample of 500 depressive patients aged 18-30 years in Islamabad and Wah Cantt, Pakistan was used. The instruments used in the study were the Beck Depression Inventory (BDI) and a researcher-constructed Daily Activity Schedule (DAS). The results showed that the participants were moderately engaged in daily activities with relatively high levels of depression. The Pearson correlation analysis showed that there was a weak negative correlation between the daily activity schedule and depression but the correlation was not significant ($r = -0.078$, $p > 0.05$). Moreover, regression analysis revealed that the activity schedule per day was not a significant predictor of depression. These results indicate that although the daily activity scheduling can help in enhancing the functioning of the depressive patients, it cannot be used as a stand-alone intervention to alleviate depressive symptoms. The research indicates that there is a necessity of holistic treatment methods that combine behavioural, psychological, and medical interventions. It adds to the literature by offering empirical data on the weak independent impact of activity-based interventions in clinical settings and the significance of multi-dimensional approaches to depression management.

Keywords: *Depression, daily activity schedule, depressive patients, behavioural activation, mental health*

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Introduction

Depression is the neurotic disorder in which person's mood seems to be very low. The individual got lack of interest in his daily tasks and lack of energy as well. With these three core symptoms of depression the individual got impairment with his relationships and daily life activities (American Psychiatric Association & American Psychiatric Association, 2013). A daily activity schedule is a list of tasks and plan that are important to do in our daily life. The individual has responsibility to perform each task properly. These task includes home related tasks, job related or even some personal tasks as well (Adeli & Karim, 2001). Predictably, experts stated that daily activity routine is most useful hack to maintain mental and physical wellbeing. The individuals may get opportunity to learn new skills and tasks. It is not necessary to do all same tasks on same time according to the schedule but the individual should perform their task proper to maintain their routine. Daily activity schedules helps to control over the sense of responsibility and it also create positive outcomes (Clarke et al., 1999).

The individual may be unable to get out of bed but making daily life schedule will be beneficial. The CDC reported that almost 5% adults whose age range is 18 are more depressed. They need to spend quality time for normal life. Ultimately by dedicating yourself to daily routine, you can provide yourself a motivation to stay active instead of depressed (Riebe et al., 2012). Although many individuals fid it challenging to muster motivation and get moving in the morning and these difficulties can be exacerbated by symptoms of depression. Rabecca (2023) reported that people with depression often struggle with low energy I the morning and making it difficult to accomplish essential tasks (Karg & Kirsch, 2014).

Literature review

A study revealed that the 71% of young people who are suffering from depression, got sleep disturbed sleep and diet which cause lack of concentration and attention towards daily life activities. Due to the major reason, the youngsters became diminished from their daily life activities (Orchard et al., 2017). Additionally, establishing daily activity routine is very influential to maintain an effective lifestyle that makes to feel easy. It makes our mental and physical wellbeing better and makes the other things stable in life like relationships, friendships and other formalities. If the individual stuck with the daily plan than he can make significant adjustment (Brenner, 2020). Similarly, an activity routine is good to setup a stress free life. As the individual can divert his mind from all stressors when the individual indulge in daily tasks that he has to perform must. It decreases anxiety and depression otherwise a person feels low energy and low mood. It makes a person physically active and also cease

the negative thinking (de Zarate et al., 2024). According to the research, there is another factor which cause diminished daily life activity that is socioeconomic status which has the association with depression. As it will be low it will increase the level of depression that effects the daily life activities. The study results showed that 95.9% of people showed distraction in daily life activities due to lower socioeconomic statuses (Lai et al., 2022).

Moreover, during the pandemic phase of lockdown. Everybody remained as stay at homes. This thing deducted enough tendency of physical activity of motor movements. People started to take rests at homes. They cut off traveling and daily schedule tasks as well. These things made them depressive to some extent. People stopped to take interest to do task. People became unable to sustain their habits (Edition, 2013)

Objectives

To develop effective daily activity schedule for depressive patients.

To understand the attributes of daily activity schedule.

To develop worksheet and to ensure responses of individuals.

To check the association between depression and daily activities.

Hypotheses

H1: There is a statistically significant **negative relationship** between depression and daily activity schedule.

H2: Daily activity schedule significantly predicts lower levels of depression.

Methodology

Research Design

The research design adopted in this study was the quantitative descriptive research design to test the relationship between depression and daily activity schedule among depressive patients. It was found suitable since the design will enable the measurement and analysis of psychological and behavioural variables systematically without interfering with them.

Participants and Sample

The sample of the study comprised 500 patients between the ages of 18 and 30 years old with depression recruited in the sample of both hospitals in Islamabad and Wah Cantt, Pakistan. The reason behind the convenience sampling methodology was accessibility and nature of the participants being clinical.

The sample consisted of people with different demographic features, such as marital status, with half being unmarried, a quarter of them married, and a quarter of them being married students. All the respondents had been diagnosed with depressive symptoms and were willing to take part willingly.

Instruments

In this study, two instruments have been used:

1. Beck Depression Inventory (BDI)

Beck Depression Inventory (BDI) is one of the most popular self-report instruments that are utilized in measuring the extent of depression. It is a 21-item scale that has been found to have a high reliability and validity in both clinical and non-clinical samples. The reliability coefficient (Cronbachs alpha) in the current study was found to be 0.86 which is a good internal consistency.

2. Daily Activity Schedule (DAS)

The researchers created the Daily Activity Schedule (DAS) that assesses the involvement of patients in structured daily activities. The scale has 11 items and it addresses different areas such as self-care, physical activity, social interaction, and leisure activities.

The DAS was constructed with ease of use to accommodate the ability of depressive patients. The scale reported a reliable coefficient of 0.72 which was acceptable internal consistency.

Table 1

Reliability of Daily Activity Schedule (DAS) and Beck Depression Inventory (BDI)

Scale	Number of Items	Cronbach's Alpha
Beck Depression Inventory (BDI)	21	0.86
Daily Activity Schedule (DAS)	11	0.72

Table 1 indicates that the Cronbach alpha coefficient of the Beck Depression Inventory (BDI) was 0.86, which means that it has high internal consistency. The Daily Activity Schedule (DAS) showed a reliability coefficient of 0.72 which is acceptable. In general, these values prove that both measures are valid and can be used to assess depression and the involvement in daily activities of the participants of the study**.**

Procedure

A questionnaire package that captured the informed consent form, demographic information sheet, Beck Depression Inventory (BDI), and the daily activity schedule (DAS) were given to the participants. The participants were asked to adhere to the schedule of the activities on a daily basis within one week. They were checked on whether they were adhering to the schedule and their performance was noted.

All the responses and records of activities were gathered to be analyzed after the end of the observation period.

The consideration of ethics was also done through ensuring the confidentiality of participants and informing them about the study before data collection.

Data Analysis

Statistical tools that were relevant to the study goals were used to analyse data. The data were summarised using descriptive statistics such as standard deviations and means.

The Pearson correlation analysis was done to investigate the correlation between depression and daily activity schedule. Furthermore, the regression analysis was conducted that determined the predictive value of daily activity schedule on the level of depression. The level of significance ($\alpha = 0.05$) was used in all the statistical examinations.

Results

Descriptive Statistics

Table 2

Descriptive Statistics of Study Variables

Variable	N	Mean	Standard Deviation
Daily Activity Schedule (DAS)	500	9.37	2.00
Depression (BDI)	500	46.00	3.70

Table 2 shows the descriptive statistics of the study variables. The average of the Daily Activity Schedule (DAS) was 9.37 (SD = 2.00), which showed that the participants had an average level of engagement in daily activities. The average of the depression (BDI) was 46.00 (SD = 3.70), which indicated a fairly high proportion of depressive symptoms in the sample.

Testing the First Hypothesis

H1: There is a statistically significant negative relationship between depression and daily activity schedule.

Table 3

Pearson Correlation between Daily Activity Schedule (DAS) and Depression (BDI)

Variable	DAS	BDI
Daily Activity Schedule (DAS)	1	-0.078
Depression (BDI)	-0.078	1

Table 3 shows that there is a weak negative relationship between the daily activity schedule and depression (r = -0.078). Nevertheless, this correlation is not significant (p = 0.82 > 0.05). This finding indicates that despite the fact that there is a weak inverse correlation where the more people are engaged in their daily activities, the less they feel depressed, the correlation is not significant enough to be said to be statistically significant. In this regard, the null hypothesis (H1) is rejected, because the correlation between depression and daily activity schedule was not significant.

Testing the Second Hypothesis

H2: Daily activity schedule significantly predicts lower levels of depression.

Table 4

Regression Analysis: Effect of Daily Activity Schedule on Depression

Predictor	B	Beta (β)	t-value	Sig.
Daily Activity Schedule (DAS)	-0.08	-0.078	-0.21	0.82

The findings of the regression analysis that investigated the predictive value of the daily activity schedule on depression are provided in Table 4. The results show that daily activity schedule is negatively related to depression (= -0.078) implying that the more a person is involved in the daily activities, the less depression is likely to be experienced. This effect is however, not significant (p = 0.82 > 0.05). The implication of this finding is that the level of depression among the participants is not strongly predicted by the daily activity schedule. Thus, hypothesis (H2) is not accepted.

Discussions

The current research was conducted to investigate the connection between daily activity schedule and depression in depressive patients as well as to determine the predictive value of structured daily activities in alleviating depressive symptoms.

The descriptive results showed that the participants had a moderate level of involvement in their daily activities, and a relatively high level of depression. It implies that even though there is certain routine involvement, depressive symptoms are still high among the study participants, which could indicate the severity of clinical conditions among the sample.

The correlation analysis showed that daily activity schedule and depression had a weak negative relationship but this was not statistically significant. Though the direction of the relationship is as expected in theory, which implies that the more the individuals are involved in their daily activities, the

lower the depressive symptoms, the non-statistical significance of the relationship suggests that the relationship is not strong to be generalised in the present sample.

On the same note, the regression analysis revealed that the daily activity schedule was not significantly correlated with the levels of depression. This observation implies that organized day-to-day schedules might not be enough to alleviate the symptoms of depression, especially in clinical groups. Depression is a multifaceted psychological disorder that is affected by various biological, cognitive, and social factors and thus might need more elaborate interventions other than behavioural scheduling.

These results can be explained by the available literature that highlights the importance of behavioural activation and structured routines in enhancing mood and minimizing depressive symptoms. Although the previous researchers have reported that the relationships between activity engagement and mental health improvement are significant, the current results indicate that the effectiveness of such interventions can be different based on the severity of depression and the context in which they are implemented.

The reason why the results were not significant could be that the participants were clinically diagnosed cases of depressants and that they might need further psychological or medical interventions besides the activity scheduling. Moreover, the compliance with the activity plan, as well as the personal rates of motivation, might have been different among participants, and it might have affected the results.

In general, the results demonstrate that although the daily activity scheduling can have an advantage in terms of better functioning, it does not play a significant role and is not a powerful predictor of less depression in clinical practice. This highlights the importance of incorporating behavioural interventions with more general treatment methods in the treatment of depressive symptoms.

Conclusion

The purpose of the study was to investigate the correlation between daily activity schedule and depression in depressive patients and to establish the predictive value of the structured daily activities in alleviating depressive symptoms. The results have shown that the participants were moderately involved in their daily activities and were relatively high in depression.

The findings showed weak negative association of daily activity schedule and depression but this was not significant. Equally, the regression analysis revealed that the daily activity schedule was not significant to predict the extent of depression. Such results indicate that although the daily engagement in activities can potentially play a supportive role in enhancing the functioning of people, it is not enough to alleviate the symptoms of depression in clinical groups.

On the whole, the article demonstrates the intricacy of the issue of depression as a psychological disorder that is shaped by various interacting factors. It highlights the need to adopt holistic treatment solutions that combine behavioural, psychological, and medical interventions as opposed to the use of activity-based interventions.

Implications

The theoretical and practical implications of the findings of this study are significant. Theoretically, the study adds to the literature by explaining the fact that the association between the daily activity engagement and depression might not be statistically significant in all cases especially in clinical population. This implies that behavioural activation might not be the sole cause of differences in depressive symptoms.

In practice, the findings show that daily activity scheduling cannot be used as a depression intervention by healthcare providers and practitioners. Rather it ought to be combined with other therapeutic interventions including cognitive-behavioural therapy and medical treatment. The results also point out that individual differences in motivation, adherence and severity of symptoms should be taken into consideration when developing intervention programmes.

Limitations

There are a few limitations that can be noted in this study. First, convenience sampling can restrict the external validity of the results. Second, the research used only depressive patients in a geographical setting, which might not be representative of wide populations. Third, the use of self-reported measures can create bias in the responses. Also, the limited period of observation might not be able to depict the long term outcomes of daily activity scheduling on depression.

Recommendations

Considering the results, it is suggested that a more generalized and integrated approach to treatment should be used in the future, including the scheduling of daily activities instead of as an independent approach. To make better outcomes, healthcare professionals are supposed to mix regular practices with psychological treatments and clinical interventions. Continuous monitoring and support of patients is also suggested as a way of increasing patient motivation and compliance with activity programmes.

Future Research

It is recommended that future research should investigate the connection between daily activity schedule and depression through longitudinal designs to have a better insight into the long-term effects. To enhance generalisability, researchers should also use larger and more varied samples. Further studies

can also be conducted on how daily activities relate with other psychological factors like motivation, coping styles and social support in order to offer a more detailed perspective on the management of depression.

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