

PSYCHO-SOCIAL BURDEN AMONG CAREGIVERS OF CHRONICALLY ILL PATIENTS ADMITTED IN SKIMS JVC HOSPITAL BEMINA SRINAGAR.

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Abstract: Psycho social burden is described as an immoderate response to pressure as a result of one's surroundings that can be characterized by emotional and bodily exhaustion, coupled with a feel of frustration and failure. The WHO states caregiver burden as “the emotional, physical, financial demands and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals involved with the individual outside the health-care system. Aim: This study aims to assess the level of psycho-social burden among caregivers of chronically ill patients admitted in SKIMS JVC, Bemina Srinagar. Methodology: In accordance with the nature of the research problem, a quantitative approach was used to assess the level of psycho-social burden among care givers of chronically ill patients admitted in skims JVC hospital Bemina Srinagar. Non-experimental descriptive research design was used. Data collection took place at SKIMS JVC Bemina and data was collected by using Zarit burden interview. Sample comprised of 60 participants and the sampling technique used was Non-randomized convenient sampling. Key Findings: The findings of the study revealed that majority of caregivers had “moderate-severe burden” (45.0%), followed by “mild to moderate” 40% and ‘little or no burden”(8.3 %) and “severe burden” (6.7%) and also there is significant association of psycho-social burden with demographic variable (age).

Conclusion: The study concluded that caregivers of chronically ill patients experience a high level of psycho-social burden that affects their overall health adversely. The study suggests that there is

a need for interventions to reduce the burden and improve the psycho-social aspect of health of the caregivers, such as providing respite care, counseling, education, and social support.

Keywords: Assess, psycho-social burden, caregivers.

INTRODUCTION: “Psychosocial” means “relating the impact of social elements on an individual's thoughts or behavior, and to the interrelation of behavioral and social elements. The American gerontologist, Zarit first defined the burden of care as “the discomfort experienced by the principal caregiver of an older family member, including the caregiver’s health, psychological well-being, finances, and social life. Caregiver burden is tailored towards describing the physical, social, financial and psychological impact of care giving on the caregiver’s life as perceived by the care giver .Providing care to a seriously ill spouse, parent or other significant person can also restrict a caregiver’s personal, psychological, social, circular and vocational opportunities, as well as create a financial burden. Care giver burden is also perceived to be “a multidimensional bio-psychosocial reaction”, “resulting from an imbalance of care demands, relative to caregiver’s personal time, social roles, physical and emotional state, financial resources and formal care resources given, and other multiple roles they full fill”(1).Any psychological or social event that causes severe stress is referred to as a psychosocial burden(2). A chronic physical illnesses

are the long-term physical conditions that are enduring health problem and continue for a long time. These conditions can't currently be cured but can be managed with medication or other treatment. E.g. diabetes, asthma, arthritis, chronic fatigue, and high blood pressure, renal failure ,cancer etc. According to Wikipedia 63% of all deaths worldwide are from chronic conditions. Seventeen percent elderly in rural areas and 29% in urban areas suffer from a chronic disease. Hypertension and diabetes account for about 68% of all chronic diseases. The prevalence of chronic diseases is the highest in Kerala (54%), followed by Andhra Pradesh (43%), West Bengal (36%), and Goa (32%)(3).The WHO states caregiver burden as “the emotional, physical, financial demands and responsibilities of an individual's illness that are placed on the family members, friends, or other individuals involved with the individual outside the health-care system. It includes taking care of personal hygiene of the patient and emotional support such as listening, counseling, giving company, and informational caring such as how to alter the living environment of the patient(4).Caregiver burden is a widespread occurrence observed all around the world, with

approximately 80% of caregivers experiencing it in their duties (5). The raising of disability among European countries, together with the increased life expectancy at birth and the chronic illness burden - causing 86% of deaths worldwide -, are calling for a new paradigm of care that focuses on primary health care and needs an active participation of patients and their caregivers. Informal caregivers are non-professional unpaid people providing care for a friend or a member of the family with a chronic illness, disability or other long lasting and complex health care needs. They represent the primary form of chronic patients' care in European countries providing 80% of the total burden of care, even in long term care performing countries(6).

1. RESEARCH METHODOLOGY:

The study is based on a descriptive and quantitative research approach. A sample of total 60 caregivers of chronically ill patient were taken in different wards of SKIMS JVC, Bemina and non- Randomized convenient sampling technique was employed to collect data.

Inclusion Criteria:

- Caregivers of the chronically ill hospitalized patients of SKIMS JVC, Bemina
- Caregivers of hospitalized patients who are willing to participate in the study
- Caregivers who were available at the time of data collection.

Exclusion criteria:

- Patients.
- Formal caregivers [nurses and doctors].
- Caregivers of other hospitals.
- Caregivers of patients suffering from chronic mental disorders

DESCRIPTION OF THE TOOL: The tool consists of two parts: 1. Socio-demographic variables: Age, gender, educational status, type of family, occupation, residence-rural,urban 2. The Zarit Burden Interview consists of 22 items rated on a 5-point Liker scale that ranges from 0 (never) to 4 (nearly always) with the sum of scores ranging between 0 88. Higher scores indicate greater burden. A score of 17 or more was considered high burden. The ZBI was developed as a one-dimensional measure of burden. Dimensions **DESCRIPTION OF THE TOOL:** The tool consists of two parts: 1. Socio-demographic variables: Age, gender, educational status, type of family, occupation, residence-rural, urban 2. The Zarit Burden Interview consists of 22 items rated on a 5-point Liker scale that ranges from 0 (never) to 4 (nearly always) with the sum of scores ranging between 0 88. Higher scores indicate greater

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Interpretation of Score:

0 – 21	little or no burden
21 - 40	mild to moderate burden
41 - 60	moderate to severe burden
61 -88	severe burdens

RESULTS:

CRITERIA MEASURE OF BURDEN SCORE		
LEVEL OF SCORES N= 60	PERCENTAGE	FREQUENCY
SEVERE BURDEN.(61-88)	6.7	4
MODERATE TO SEVERE BURDEN.(41-60)	45.0	27
MILD TO MODERATE BURDEN.(22-40)	40.0	24
LITTLE OR NO BURDEN.(0-21)	8.3	5
Maximum =88	Minimum=0	

Table, represents the Percentage & Frequency distribution of level of burden scores

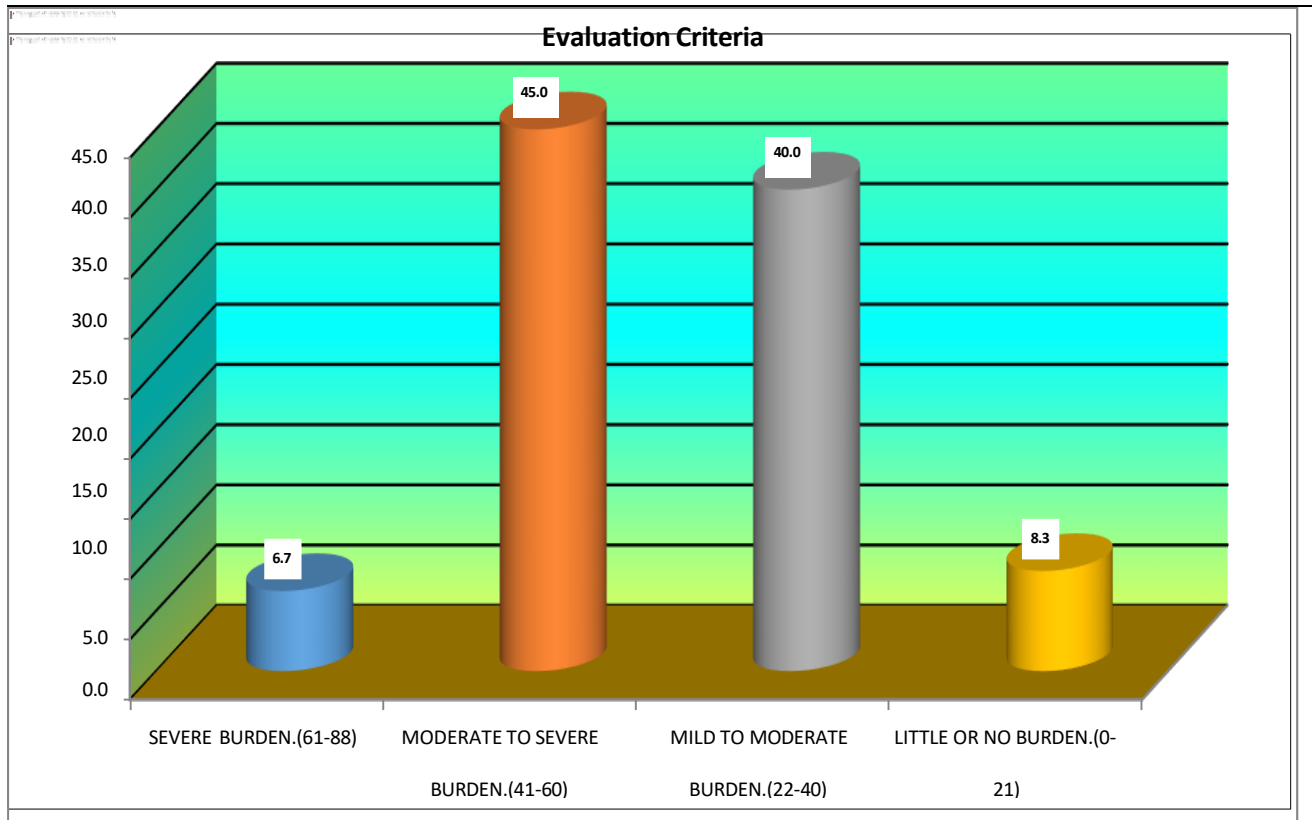


Diagram shows, the percentage distribution about level of Burden

Results :

In this study, the researchers aimed to assess the level of psycho-social burden that caregivers of patients with chronic illnesses faced after being hospitalized to SKIMS JVC hospital in Bemina Srinagar by using zarit burden interview. Out of 60 caregivers, 45% reported moderate to severe burden, and 40% reported mild to moderate burden, just 8.3% indicated little to no burden. While 6.7% of caregivers reported severe burden. The Zarit Burden Interview obtained a mean score of 41.13 and a median score of 41.5. These results imply that providing long-term care for people with chronic conditions might be difficult and unpleasant for those providing it.

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