



A Study On The Level Of Burden Among The Female Cardiac Care Givers

KEYWORDS

Care giver, cardiovascular disease, burden

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ABSTRACT

Cardiovascular disease is causing a major threat in Indian population. Research published in the lancet finds India will bear 60% of the world's cardiac disease burden in the next two years. In addition, researchers have found that compared to people in other developed countries, the average age of patients affected with cardiac disease is lower among Indians and Indian people are more likely to have types of heart diseases that lead to worse outcomes. A large and growing body of research studies revealed that providing care for a chronically sick person can have harmful mental, physical and psychological effects on the caregiver. The study was conducted among the female cardiac Care givers whose spouses are hospitalized after a cardiac event in a private hospital, Chennai. A sample of 205 respondents was collected. The data was systematically processed and analyzed. Based on the findings, the researcher had suggested suitable Social intervention model in giving a holistic care for the cardiac patients thus reducing the caregiver's level of burden.

INTRODUCTION:

Chronic conditions like heart disease, stroke kill more, says WHO's World health statistics 2008. It further reveals that Cardiovascular disease (CVD) is the leading cause of death in India, and its contribution to mortality is rising; deaths due to CVD are expected to double between 1985-2015.

Cardiac disease and heart attack have been primarily associated with men, previously; men have been the focus of the research done to understand cardiac diseases and stroke, which has been the basis for treatment programmes and guidelines.

When a member of the family is affected by a cardiovascular disease, the whole family gets affected in many ways. They have to make so many changes in order to sustain the equilibrium status of the family.

This present study focuses on the level of burden experienced by the female cardiac care givers. Caregiver burden refers to a high level of stress that may be experienced by people who are caring for another person (usually a family member) with some kind of illness. Knoll, Susan and Johnson, Joy (2000) in their study have found that, Caregivers engaged in the process of caregiving of their dear ones post surgically, involve themselves to be cautious and monitor the care recipient's recovery, implementing the ways to assist the recovery process by taking on a role to provide care and to seek help if required. This encounter with Caregiving affected all phases of the lives of the caregivers, and they experienced feelings of vulnerability, stress, and had to put their lives on hold; these feelings were frequently compounded by improbability.

RESEARCH STRATEGY

OBJECTIVES OF THE STUDY

- To study the socio demographic profile of the respondents
- To study the levels of burden among the care givers
- To propose ways to reduce the levels of burden among the care givers of the cardiac patients.

RESEARCH DESIGN

This study intends to portray the burden of the wives of the cardiac patients. The researcher describes the level of burden

among the care givers of the hospitalized patients. In the present study, 'Descriptive design' has been adopted by the researcher

SAMPLE SIZE AND UNIVERSE OF THE STUDY

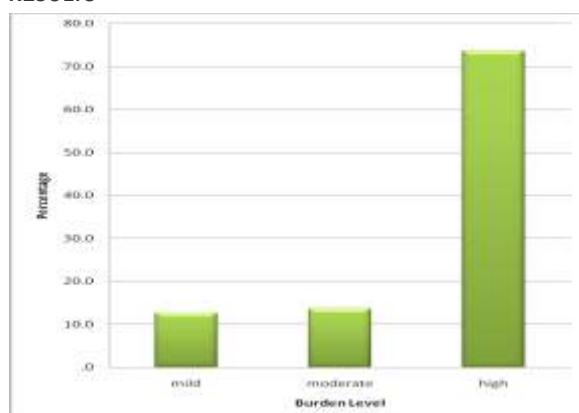
The criteria for sample is

- The care givers i.e the wives of the cardiac patients who are hospitalized after a cardiac event
 - The universe is floating in nature, hence Researcher used purposive sampling method within a period of 3months i.e., (May-July 2012) to collect the data.
 - In a Cardiac Hospital,
- The study was conducted with the female care givers hospitalized patients and the sample size was 205.

METHOD OF DATA COLLECTION

The tool used to collect the data was a pre structured interview schedule. The interview schedule consisted of questions in the order of the objectives of the study. The interview schedule enabled the respondents to share their life conditions and experiences and not strictly restricted to the questionnaire. Researcher used the Caregiver Burden Inventory (Caserta, Lund & Wright, 1996) to measure the level of burden among the Care givers. Overall reliability of the scale was 0.84

RESULTS



	Variable	Correlation value	Statistical inference
	Age of the patient and caregiver's burden	-0.505	$P < 0.01$ significant

Table 1: Karl Pearson's Co-efficient of Correlation between the Age of the Patient and Caregiver Burden

The above table highlights that there is a significant relationship between the age of the patient and burden score. It explains that the age of the patient has an influence on the burden level among the female cardiac care givers. The correlation value shows that there is a negative relationship between the age of the patient with caregiver burden. It means that the age of the patient has more influence on the dimensions of the caregiver's burden.

Declines in caregiver health have been particularly associated with caregivers who perceive themselves as burdened. Caregiver's burden and strain have been related to the caregiver's poor status in health, increase in behaviors that are risk towards health (like smoking), and high use of prescription drugs. Research studies have reported that caregivers are at risk for tiredness and sleep disturbances.

Burton L C et al., (1997) examined the relationships between provision of care by family members and their health behaviors and health maintenance. The results of the study revealed that with a high level of caregiving activities, not getting chances to take rest, not having time to exercise, and actually not recovering from illness were also high. In addition, caregivers were more liable to forget to take their medicines for their own chronic illnesses. Providing care poses a risk to the overall health of caregivers, which can compromise their capability to continue.

S.No	Educational level	Mean	Standard Deviation	Statistical Inference
1	Upto school level n= 156	40.72	10.231	$z = 16.283$ $P < 0.05$ significant
2	College level n= 49	16.00	5.037	

TABLE:2 Z test between Educational Level with regard to Care Giver Burden

From the above table it is inferred that the value z , 16.283 is < 0.05 which means that there is statistically a significant difference between the respondents who have studied upto

school level and those who have studied upto college level with regard to the level of burden. Further, the mean scores revealed that the respondents who have education up to school level experience more burden than those who had education up to college level.

Women in India have less education compared with other countries. Studies show that people with less education have more psychological problems and they find coping with difficult situations challenging as compared with the more educated. Though educational level of a woman in India had increased, still thrust should be made to increase the level of education.

The finding of the study states that the educational level correlates with the levels of burden among the respondents. Majority of the respondents had education upto school level. National Alliance for Care giving; in its report on Care giving in the U.S. (2009) has found that the caregiver's health strongly correlated to his/her educational level .A large percent of caregivers with a low level of education reported to have fair or poor health whereas a very low percent of well educated caregivers reported to have fair or poor health.

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S.No	Occupation	Mean	Standard Deviation	Statistical Inference
1	Unemployed n= 158	39.80	12.221	$z = 10.636$ $P < 0.05$ significant
2	Employed n= 47	18.57	11.275	

TABLE:3 Z test between the Occupation with regard to Burden

From the above table it is inferred that the value z, 10.636 is < 0.05 which means that there is statistically a significant difference between the respondents who were unemployed and those who were employed with regard to the level of burden. Further, the mean scores reveal that the respondents who were unemployed experience higher level of burden than those who were employed.

From the table it is inferred that there is statistically a significant association between the burden scores of the respondents and the impact of the family finance. It is indicated that when the family finance is poor, the level of burden among the respondents is also more. Further, to calculate the extent of the association, co-efficient of contingency test was applied and it is inferred that there is moderate association between the burden of the respondents and the impact of the family finance.

DISCUSSION:

There is evidence that cardiac caregivers experience burden because of the new role suddenly or unexpectedly, and frequently to make major health care and financial decisions. Considering the figure 1 it is inferred that with regard to the level of care giver burden majority of the respondents (73.7%) experienced burn out stage of burden. This is because they shift their concentration on the patient thus paying no attention to their own health needs. Levin R.F. (1993). In their study on Caring for the cardiac spouse. has pointed that, most spouses of cardiac patients ignore their own needs when their dear ones are ill.

The findings of the study reveals that Unemployed and low educated respondents with low financial situation have experienced high level of burden. A report from science daily on Sep. 29, 2010 titled, Family and Friends May Cause Most Tension for Caregivers of Stroke Survivors highlights, the study of 58 caregivers of stroke survivors, 15 types of common problems caregivers face were identified. The most stressful problem category was the difficulty caregivers experienced in trying to sustain themselves and their families. Changes and Social isolation in their relationship with the patient also top caregivers' concerns. Caregivers face anxiety to manage finance and take care of themselves during the difficult period. Nikolic, I.A. et al.,(2011). In their study on Chronic Emergency: Why NCDs Matter have found that

Non Communicable Diseases (NCD) can have serious social and economic effects on the well-being and development potential of the patient and their family members. The most immediate impact is the suffering and decreased well-being caused by the illness. NCDs can also have severe negative impact in their economic conditions for the individual and his or her family,which would include a decline or loss of household income, suffering, high health expenditures, loss in possessions and savings, and there will be reduced opportunities for family members. People affected by Non communicable Diseases are often at greater risk of losing their job and income, and their ability to attain economic and educational opportunities may also suffer. In some cases, family members must also have to give up jobs or give up their formal education in order to take care of the sick person. The premature death of a member of the family not only affects the economic wellbeing of a family but may have broader effects on the family members' future.

Unemployed caregivers experienced more burden compared to the employed. Susan C. Reinhard et al., in chapter 14. Supporting Family Caregivers in Providing Care have stated

that Low personal and household incomes and limited financial resources can result in increased caregiver risk for negative outcomes, particularly if there are extensive out-of-pocket costs for needs of the care recipient. Caregivers who are unemployed or have low incomes may experience more distress because they may have fewer resources to meet care demands.

S.No	Impact	Burden level			Statistical inference
		Normal n=26	Mild n=28	burn out n=151	
1	Severely n=73	1	8	64	$\chi^2=31.480$ df= 4 P< 0.05 significant C=0.3648
2	Moderately n=108	16	13	79	
3	Not at all n= 24	9	7	8	

TABLE:4 Association test between the Family Finance and the Level of Burden

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HOLISTIC MODEL FOR SOCIAL WORKERS TO REDUCE BURDEN

(Model developed by Rachel.S & Umesh Samuel .A [2014])

1. Prevention is much needed to evade the problem of a disease. Health awareness programmes should be organized at community level with collaboration from various organizations and government agencies. Patient and the family members must be educated on the illness and the responsibility for each of them in developing a better outcome.
2. When a patient comes for a health care, the focus should be not only on the patient but also on the family members as (Parks SM, Novielli KD, 2000) have rightly stated that being a caregiver is so difficult, some doctors sense the caregivers as "hidden patients." Family members should be educated on the effect of the disease in their life thus providing a guidance towards their future health care.
3. Caregiver assessment is much important to understand the exact situation of the caregiver and to provide the right care.
4. Effective counseling should be provided to improve the psychological issues and to reduce burden and improve the overall Quality of life of the family.
5. Caregiver training is much required as Caregiving has all the characteristics of a chronic stress experience: It creates physical and psychological strain over absolute periods of time, has the ability to create secondary stress in various life domains such as work and family relationships, and frequently requires high levels of observation. Since Family Care giving may begin unexpectedly the family member may suffer due to the shift in their responsibility, caregiver training will help in providing care with all essential knowledge. It will not only give quality care to the patient but will also provide other family members a safe environment
6. Group counseling should be given to the entire family members thus focusing on the future care of all the members of the family.

CONCLUSION:

The caregiver burden scale indicated that majority of the female Cardiac Care givers of the Cardiac patients had scores indicating risk of mild, moderate, severe and extremely severe level of burden. The current study indicates that the female cardiac care givers are likely to be at risk of burn out stage of burden. Hence there is a need to avail a support system to prevent or reduce the risk of burden among the female cardiac care givers.

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