European Journal of Molecular & Clinical Medicine
ISSN 2515-8260 Volume 07, Issue 10 , 2020

# Role Strain and Coping among Caregivers

**Susan K[1], Pranab Kishore N[1], Ravi Reagan K[1], Seema Pushpica N[1]**

[1]Assistant Professor, Department of Medical-Surgical Nursing, SUM Nursing College, Siksha OAnusandhan (Deemed to be University), Bhubaneswar, Odisha, India.

**Abstract:**

**Background**: Chronic kidney disease (CKD) is an emerging global public health problem. The disease is a component of a new epidemic of chronic conditions that replaced malnutrition and infection as the leading cause of mortality during the 21st century. A growing number of patients with chronic renal failure (CRF) rely on non – professional health care providers, such as family and friends, to manage their long term condition throughout the trajectory of CRF. This informal caregivers and experience stress, depression, lack of confidence and poor quality of life. Yet, the needs of caregivers are often neglected and under prioritized.
**Objectives**: - To assess the role strain and coping among caregivers of patients with chronic renal failure and find out the association of coping among caregivers of patients with socio-demographic variables
**Method**: - Quantitative research approach and descriptive research design was adopted. 100 caregivers were selected by Non – probability purposive sampling technique, who met the inclusion criteria. Self – structured socio-demographic proforma was used to collect socio-demographic data and self-structured rating scale for assessment of role strain and coping among caregivers.
**Results**: The findings show showed that the majority of the study sample 64% having moderate coping, others 20% of study sample having poor coping and 16% of the study sample having good coping. The study also revealed that role strain and coping was statistically tested ( p=0.005) is statistically significant. The present study highlights the role of strain and coping among caregivers of patients with chronic renal failure.

**Conclusion**: - Based on the findings of the study, the majority of the samples having sometimes frustration. Most of the samples were moderate coping. There is an association between gender and relativity with the patients and weekly hemodialysis frequency with coping.

**Keywords**: Role Strain, Coping, Chronic Renal Failure And Caregivers.

**Introduction**:
Dialysis is a long-lasting treatment for chronic renal failure and end-stage renal disease (ESRD) correlated with physical, mental and social challenges that influence patients and members in the family and those who taking care of chronically ill patients.[1,2] Those who are caring the patient, their main role is to assess dependent patients at their homes with

their bundle of routine activities, which includes taking the patient to the dialysis center, helping them in dressing, managing of symptoms, preparation of the patient, psychological wellbeing, mobility, and preparing a therapeutic diet to the patient (renal diet).[3] Some related studies show that what an impact will be on those who are taking care of chronically ill patients on the process of fulfilling their needs and demands of the chronic ill patient that badly effect their various aspects of life such as relationship with family members, their stress levels, social interactions, financial disabilities, self-ignoring, ampule of time spend on patient care.[4] In a similar way the caregivers have to maintain their own family without any distracting giving them continuous psychological and family support.[5,6.] The concept of "role strain among caregivers" has been used to identify the impact of caregiving on caregivers.[7]defined this role strain as "a multidimensional physical and bio-psychosocial reaction that results from a disparity of care demand by relative to the caregivers' personal need and time, social roles, emotional and physical state, financial resources, and formal care resources given the other numerous roles they fulfill." In recent studies says that quality of life among those who are giving care to the hemodialysis dependent patients is lowest when compared with the others.[8] Another similar study finding shows that depression, stress, and strain was at a higher level in those who are taking care of stroke patients.[9] As age progresses the renal function declines and it is escalated by increase weight, diabetes, hypertension, smoking and alcohol consumption.[10] It was calculated about 5%–10% in world-wide suffering with chronic renal failure.[11] The frequency of hemodialysis patient at 3 stage chronic renal disease that ranges from 0.785% - 6% in community.[12] It has been estimated that, the age-related prevalence of ESRD was 229 million Indian population.[13] Frequent visitstothe hospital or dialysis center and multiple factors contribute to the disease condition can have a negative impact such as depression, stress decrease in quality of life on those who taking care of chronically ill patients. Thus, it is essential to evaluate strain on giving care and their needs.

In the process of giving care to patients the caregivers adapt few coping styles to deal with stress and stressors of good health. The coping styles which are adapted by the caregivers and families of caregivers are not sufficient to reduce the stress or depression while giving care to the patient, which effects the quality of life of caregivers. The stress of caregivers been measured then the steps taken to reduce the stressors and improve the quality of care and also improve the physical mental social and spiritual well-being of the patient. By preparing an appropriate model to enhance the care that in turn reduce the negative role strain in giving care. Coping mechanism is context, indicating that both the environment and stressor in which the stress is represented contribute to the coping mechanism used14. However, according to different cultures and family backgrounds, beliefs most of the coping mechanisms are adapted.[14] many scales to determine the coping approaches in various groups, it is subclassified into different categories, scheme, programs of coping strategies are used to solve the problem or it is also known as problem-focused coping. Many coping styles are emotion-based coping such as avoidance and escape.[15] The various styles of coping used by caregivers in their various situation in giving care to chronic ill patient it decreases burden in bearer and improve the quality of care in patients.

**Objectives**- To assess role strain among those who taking care of renal failure patients in IMS & SUM Hospital, Bhubaneswar. To assess coping among those who taking care of renal failure patients in IMS & SUM Hospital, Bhubaneswar. To find out the association of coping among caregivers of patients with socio-demographic variables in IMS & SUM Hospital, Bhubaneswar.

**Material and method:**

The study design is a quantitative descriptive study, the samples for this study were 100

caregivers of chronically ill renal failure patients were selected through purposive sampling technique and the study setting was IMS SUM hospital. The study started after obtaining institutional ethical committee, IMS SUM hospital, the data collected from the participant those who come under inclusive and exclusive criteria and gave the informed concerned for the study. The data collected by using self -structured questionnaire which consist of 3 sections. Socio-demographic variable, role strain and coping mechanism, among which rating scale tool is used for Role strain and coping mechanism which consist of 10 questions each.

**Results**

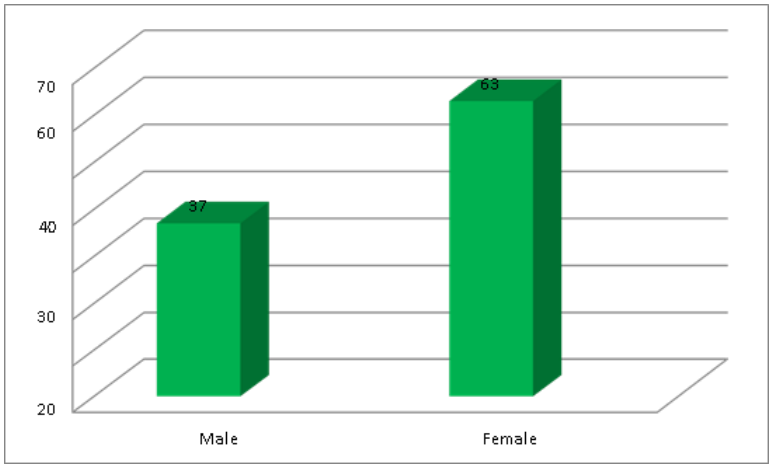


**Figure 1**. Among 100 study participants,the majority of the sample is between the age group 41-50 years. Figure1. Shows that 63% of the samples were female and 37% were male.

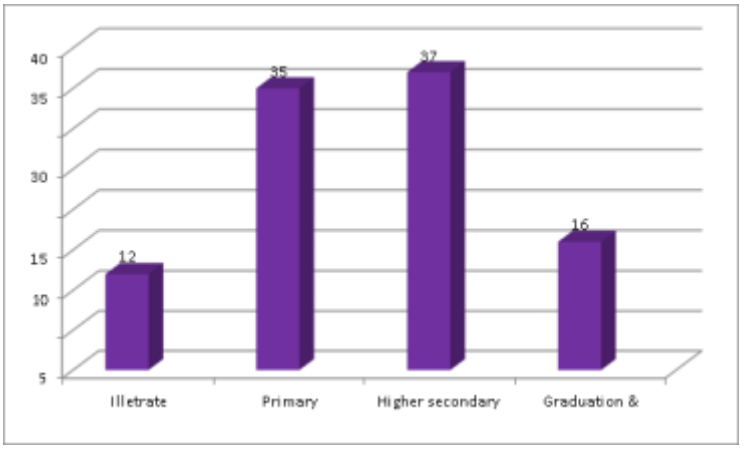


**Figure 2.** Depicted that 37% of the sample had higher secondary education, 35% sample had primary education, 16% sample had graduation and above education and 12% were illiterate

**Table1.The relativity with the patients and weekly hemodialysis frequency**

| Demographic variables | | Frequency(f) | Percentage(%) |
|---|---|---|---|
| Relativity with the patient | Child | 9 | 9 |
| | Siblings | 20 | 20 |
| | Spouse | 33 | 33 |
| | Parents | 17 | 17 |
| | Grandparents | 6 | 6 |

| | | | |
|---|---|---|---|
| | In-laws | 15 | 15 |
| Weekly hemodialysis frequency | One | 19 | 19 |
| | Two | 36 | 36 |
| | Three | 45 | 45 |

Table 1 Despited that among 100 samples, the majority (33%) were spouse relativity with the patient and 45% samples had three times weekly hemodialysis.

**Table 2. Description of the sample according to the role strain among those who are taking care of chronic renal failure patients by using frequency and percentage**.

Role strain N=100

| | Question(Q) | Never | | Rarely | | Sometimes | | Often | |
|---|---|---|---|---|---|---|---|---|---|
| | | Frequenc y (f) | Percentage (%) | Frequenc y (f) | Percentage (%) | Frequenc y (f) | Percentage (%) | Frequenc y (f) | Percentage (%) |
| 1 | I am not getting time to meet personal needs. | 6 | 6 | 2 | 22 | 51 | 51 | 21 | 21 |
| 2 | I express frustration in performing patient care. | 5 | 15 | 5 | 25 | 50 | 50 | 10 | 10 |
| 3 | I am facing financial problem regarding patient care | 9 | 9 | 9 | 39 | 35 | 35 | 17 | 17 |
| 4 | I use to abuse verbally with the responsibility of patient care | 9 | 9 | 27 | 27 | 42 | 42 | 22 | 22 |
| 5 | I am worried about my own health will suffer because of caregiving. | 5 | 5 | 33 | 33 | 46 | 46 | 16 | 16 |
| 6 | I show negative feelings about patientsor relationship. | 8 | 8 | 30 | 30 | 53 | 53 | 9 | 9 |
| 7 | I ignore patient care. | 2 | 2 | 80 | 80 | 11 | 11 | 7 | 7 |
| 8 | I useto physically abuse the patient. | 18 | 18 | 24 | 24 | 51 | 51 | 7 | 7 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | I feel care is not recognized. | 7 | 7 | 40 | 40 | 43 | 43 | 10 | 10 |
| 10 | I feel patient is a burden to me. | 14 | 14 | 31 | 31 | 47 | 47 | 8 | 8 |

**Table 3. Shows the description of role strain among caregivers.**
COPING N=100

| Level of coping | Frequency (f) | Percentage (%) |
|---|---|---|
| Poor coping (0-10) | 20 | 20 |
| Moderate coping (11-20) | 64 | 64 |
| Good coping (21-30) | 16 | 16 |
| Total (100) | 100 | 100 |

The above table showed that the majority of the study sample 64% having moderate coping, others 20% of study sample having poor coping and 16% of the study sample having good coping.

**Table 4. Association of coping among caregivers of patients with selected socio-demographic variables.** N=100

| Sl. No. | Demographics Ic Data | Chi-Square | Critical Value (P) |
|---|---|---|---|
| 1 | Age | 4.047794 | 0.1321 NS |
| 2 | Gender | 18.53464 | 0.0001 *S |
| 3 | Educational qualification | 3.349531 | 0.1874 NS |
| 4 | Job | 4.806641 | 0.0904 NS |
| 5 | Marital status | 2.507813 | 0.2854 NS |
| 6 | Relativity with the patient | 14.354167 | 0.0008 *S |
| 7 | Weekly hemodialysis frequency | 14.03472 | 0.0009 *S |
| 8 | Co-morbidity | 2.541667 | 0.2806 NS |

S = Significant; NS = Non Significant

The data in table 4 reveals that the gender (p=0.0001), relativity with the patient (p=0.0008), and weekly hemodialysis frequency (p=0.0009) have an association with the coping.

**Discussion:**

In this present study the role strain and coping among those who taking care of chronic kidney failure patients their association was assessed. Role strain among those who taking care of chronic kidney failure patients shows that majority (50%) of samples are showing frustration sometimes in performing patient care and 10% of samples are showing often frustration inpatient care. 51% of samples are not getting time to meet their personal needs and 6% of samples never getting time to meet their personal needs. The majority (51%) of the samples used to physically abuse the patient and 7% often use physical abuse the patient. A similar

cross-sectional analytical descriptive study conducted to assess the bearers' burden in taking care of hemodialysis patients by Fatemeh Mashayekhi,MotaharehPilevarzadehet.al (2014).[16] Shows that the majority (72.5%) of caregivers reported moderate to severe levels of bearers burden in taking of patients16. Conducted a study on caregivers burden and to assess the Quality of Life Among bearers for Adults Receiving Dialysis. In recent studies says that quality of life among those who are giving care to the hemodialysis dependent patients is lowest when compared with the others.[17]

A study was conducted on exploring caregiver burden experienced by family caregivers of patients with End-Stage Renal Disease in Nigeria findings shows that the mean burden of those who are giving care to the chronically ill patient for the sample was 50.[18] that indicating that families of those who gave care to chronically ill patients are experiencing moderate to severe burden, which is high compared to the other studies.18 In present study result obtained from the coping among caregivers of patients with chronic renal failure reveals that the majority (64%) of the study sample having moderate coping, 20% of study sample having poor coping and 16% of study sample having good coping. Similar findings were also observed in the study theme include Stress, Coping, and Live style among those who taking care of chronic ill cancer patient adopted both negative and positive coping strategies.[19] A related cross-sectional, correlational study conducted on role strain and coping strategies of caregiving people of late adults with chronic illness the finding of coping strategies used include religion (7.37 ± 0.85), planning (6.70 ± 0.89), positive reframing (6.42 ± 1.01) and emotion-focused coping (29.97 ± 3.30), which was the most used coping domain20. This study showing an association between gender (p=0.0001), relativity with the patient (p=0.0008), and weekly hemodialysis frequency (p=0.0009) with the coping of caregivers. The similar cross-sectional analytical descriptive study conducted to assess the bearer burden in giving care of hemodialysispatients by Fatemeh Mashayekhi, MotaharehPilevarzadeh et.al (2014) finding signifies that the relationship between gender of the patient with people who giving care their burden score of (p=0.031) and type of the income with caregiver burden score of (p=0.000). those who are taking care of male patients and patients with inadequate income had a higher burden scale.[20]

## Conclusion

The present study findings reveal that among 100 samples of caregivers the majority of the sample having sometimes frustration and sometimes they show negative feelings about the patient relationship. Most of the sample was moderate coping. There is an association for, gender and relativity with the patients and weekly hemodialysis frequency.

**Funding**: None

**Ethical statement**: This study was approved by the institutional ethical committee and theprior consent was taken before the collection of samples.

**Conflict of interest**: The author declares that there is no conflict of interest.

## References

1. Sajadi SA Ms, Ebadi A PhD, Moradian ST PhD. Quality of Life among Family Caregivers of Patients on Hemodialysis and its Relevant Factors: A Systematic Review. Int J Community Based Nurs Midwifery. 2017;5(3):206–218.
2. Low J, Smith G, Burns A, Jones L. The impact of end-stage kidney disease (ESKD) on close persons: A Literature review. Clinical Kidney J. 2008; 1(2): 67-79.

3. Einollahi B, Taheri S, Nemati E, Abbaszadeh V, Nourbala MH. Burden among caregivers of kidney transplant recipients and its associated factors. Saudi J Kidney Dis Transpl 2009; 20(1): 30-34.
4. Stenberg U, Ruland CM, Miaskowski C. Review of the literature on the effects of caring for a patient with cancer. Psych-Oncology 2010; 19(10): 1013-1025.
5. Gayomali C, Sutherland S, Finkelstein FO. The challenge for the caregiver of the patient with chronic kidney disease. Nephrol Dial Transplant 2008; 23(12): 3749-51.
6. Tong A, Sainsbury P, Craig JC Support interventions for caregivers of people with chronic kidney disease: A systematic review. Nephrology Dialysis Transplantation 2008; 23(12): 3960-5.
7. Given CW, Given B, Azzouze F, Kozachik S, Stommel M. Predictors of pain and fatigue among elderly cancer patients. J Pain Symptom Manage 2001; 21(6): 456-66.
8. Shdaifat EA, Abdul Manaf MR Quality of life of caregivers and patients undergoing hemodialysis at the Ministry of Health, Jordan. Int. J of Applied Sci and Technology 2012; 2(3): 75-85.
9. Kamel AA, Bond AE, Froelicher ES. Depression and caregiver burden experienced by caregivers of Jordanian patients with stroke. Int J NursPract. 2012;18(2):147–154.
10. Hill NR, Fatoba ST, Oke JL, Hirst JA, O'Callaghan CA, Lasserson DS, et al. Global prevalence of chronic kidney disease – A systematic review and meta-analysis. PLoS One. 2016; 11(7): e0158765.
11. Al-Shdaifat EA, Manaf MR. The economic burden of hemodialysis in Jordan. Indian J Med Sci. 2013; 67: 103–16.
12. Varma PP. Prevalence of chronic kidney disease in India. Indian J Nephrol. 2015; 25: 133–5.
13. Modi GK, Jha V. The incidence of end-stage renal disease in India: A population-based study. Kidney Int. 2006; 70: 2131–3.
14. Hastings RP, Kovshoff H, Brown T, Ward NJ, Espinosa FD, Remington B. Coping strategies in mothers and fathers of preschool and school-age children with autism. 2005; 9: 377–91.
15. Vitaliano PP, Russo J, Carr JE, Maiuro RD, Becker J. Multivariate behav Res.1985; 20(3): 3-26.
16. Oyegbile YO, Brysiewicz P. Family caregiver's experiences of providing care to patients with End-Stage Renal Disease in South-West Nigeria. Int J Africa nursing sci. 2017; 7: 136-43.
17. Gilbertson EL, Krishnaswamy, Foote C, Kennard AL, Jardine MJ, Gray NA. American J of kidney disease. 2019; 73(3): 332-43.
18. Mashayekhi F, Pilevarzedeh M,Rafati F. J of the academic of medical sci. caregiver burden in caregivers of hemodialysis. 2015; 27(5): 333
19. Antony L, George LS, Jose TT. Stress, Coping, and Lived Experiences among Caregivers of Cancer Patients on Palliative Care: A Mixed Method Research. Indian J Palliat Care. 2018;24(3):313–319.
20. Aadal L, Angel S, Langhorn L, Pedersen BB, Dreyer P. Nursing roles and functions addressing relatives during in-hospital rehabilitation following stroke. Care needs and involvement. Scand J Caring Sci. 2018;32(2):871–879.