A STUDY TO ASSESS THE CARE GIVER BURDEN AMONG CARE GIVERS OF HEAD INJURY PATIENTS AT KMCH HOSPITAL COIMBATORE

Mrs.R.Gnanajothi
Assistant professor
Department of medical surgical nursing
PSG College of nursing
Coimbatore
Tamil Nadu.

Objective: To assess the caregiver burden among care givers of head injury patients.

Design: Descriptive design

Setting: The medical and surgical wards of Kovai Medical Centre and Hospital, Coimbatore.

Sample size: 50 care givers of head injury patients.**Conceptual framework:** Chapman's biopsychosocial conceptual model(1999) was adopted for this study.**Outcome measures:** Zarint's caregiver burden scale was used to assess the care giver burden. To assess the physical problem 10 yes or no questions were given. Hospital Anxiety and Depression(HAD) scale was used to assess the psychological problem of care givers. Social support scale was used to assess the social support of care givers. 10 physical problem assessment questions were given to assess the physical problem of care givers.**Results:** The mean value of care giver burden was 54.06 and Standard deviation was 15.09. The mean value of physical problem was 2.52 and standard deviation was 2.11. The mean value of anxiety was 10.00 and standard deviation was 3.43. The mean value of depression was 13.90 and standard deviation was 4.74. There was significant association between the caregiver burden, anxiety and social support with the relationship of the caregiver to the patient.**Conclusion:** The nurses should be aware of the problems faced by the caregivers during hospitalization. Rather than the physical problems the care givers were facing more psychological problems. Most of the care givers were facing depression.

INTRODUCTION

Head injury is present in ancient myths that may date back before recorded history. Ancient Mesopotamians knew of head injury and some of its effects, including seizure, paralysis, loss of sight, hearing or speech The Edwin Smith Papyrus, written around 1650-1550 BC, describes various head injuries, symptoms and classifies them based on their presentation and tractability. The vast majority of recovery after traumatic brain injury takes place in the two years after injury. After this the brain injured patients faces a uncertain future. In some patients further improvement is seen even as late as 5 – 10 years after injury. Thus some long-term studies unfortunately offered weakened by low rates of follow up, show surprisingly good outcomes.

Care givers are at increased risk for depression and anxiety. so screening should be done to exclude the prescience of either disorder . The care giver's skill in managing behavioral problems in the family members with head injury should be assessed. If there are problems the nurse should provide practical counseling about common care giving stresses and about resource that benefit care givers. If some of the needs of the head injury patients are not met at home, the patient's quality of life and health may be adversely affected.

Statement of the problem

A study to assess the care giver burden among care givers of head injury patients at kmch hospital coimbatore

Objective of the study

The objective of the study to

1. assess the care giver burden among care givers of patient sustained head injury**.**

Tool

The zarit burden interview

RESULTS AND DISCUSSION

Table 1: Characteristics of the patient

S.NO	DEMOGRAPHIC VARIABLE		NUMBER	PERCENTAGE
1	Age	21-30	20	40%
		31-40	10	20%
		41-50	14	28%
		51-60	6	12%
2	Sex	Male	42	84%
		Female	8	16%
3	Marital status	Married	30	60%
		Unmarried	20	40%
4	Type of injury	DAI	4	8%
		EDH	5	10%
		EDH-HGC	4	8%
		EDH-SAH	2	4%
		EDH,SAH,SDH	2	4%
		SAH-HGC	6	12%
		SAH,EDH,HGC	2	4%
		SAH	10	20%
		SDH-HGC	5	10%
		SDH	10	20%

Table 1 shows the characteristics of the patients. Among 50 patients, 40 %(n=20) were in the age Group of 21-30, 84% (n=42) were male patient and 60% (n=30) were married. About type of Injury, 8% (n=4) had diffuse Axonal injury (DAI), 10 %(n=5) had Epidural Hematoma, 8 %(n=4) Had EDH- Hemorrhagic contusion (HGC), 4 %(n=2) had EDH-sub Arachnid hemorrhage(SAH), 4 %(n=2) had EDH, SAH, subdural hematoma(SDH) 12%(n=6) had SAH-HGC, 4%(n=2) had SAH, EDH, HGC, 20 %(n=10) had SAH, 10 %(n=5) had SDH-HGC and 20 %(n=10) SDH.

Table 2- Distribution of subjects according to demographic characteristics

S.NO	Demographic variable		Number(n=50)	Percentage%
1	Age	21 – 30	17	34%
		31 – 40	12	24%
		41 – 50	14	28%
		51 – 60	7	14%
2	Sex	Male	14	28%
		Female	36	72%
3	Education	Secondary	4	8%
		Higher secondary	25	50%
		Graduate	21	42%
4	Occupation	House wife	32	64%
		Employee	11	22%
		Student	4	8%
		Labor	3	6%
5	Income	<5,000	7	14%
		5,000-10,000	34	68%
		>10,000	9	18%
6	Relationship	Parent	13	26%
		Spouses	22	44%
		Sibling	7	14%
		Daughter	4	8%
		Son	2	4%
		Others	2	4%
7	Type of family	Nuclear family	43	86%
		Joint family	7	14%

Table 2 describes the distribution of subjects according to demographic characteristics. Out of 50 Caregivers 34 %(n=17) were at age group of 21- 30 years, 72 %(n=36) were females and50 %(n=25) were educated up to higher secondary. Regarding occupation majority 64 %(n=32) of them were house wives. About 68 %(n=43) belonged to nuclear famil

Table 3 - Distribution of subjects according to level of caregiver burden

Level	Number	Percentage
Mild	2	4%
Moderate	5	10%
Severe	35	70%
Very severe	8	16%

Table 3 shows that the distribution of subjects according to level of caregiver burden.

Among 50 caregivers 4 %(n=2) of them were having mild level of burden, 10 %(n=5) of them were at moderate level, 70 %(n=35) of them were at severe level and 16 %(n=8) of them were at very severe level.

Table: 4 – Association between the caregiver burden with demographic variables

S.NO	Demographic variable		Number	Caregiver burden		F
				Mean	S.D	
1	Age	21 – 30	17	55.65	15.52	0.45 NS
		31 – 40	12	52.83	10.63	
		41 – 50	14	52.50	15.79	
		51 – 60	7	59.57	15.45	
2	Sex	Male	14	49.50	14.96	1.60 NS
		Female	36	56.64	13.77	
3	Education	Secondary	4	57.25	11.58	13 NS
		Higher secondary	25	55.12	16.07	
		Graduate	21	53.57	13.04	
4	Occupation	House wife	32	56.47	13.86	1.11 NS
		Employee	11	50.00	17.78	
		Student	4	59.50	5.32	
		Labor	3	45.67	9.45	
5	Income	<5,000	7	61.29	10.49	1.54 NS
		5,000 – 10,000	34	54.82	12.07	
		>10,000	9	48.78	14.33	
6	Relationship	Parent	13	44.71	18.93	4.77** S*
		Spouses	22	58.50	7.77	
		Sibling	7	60.75	7.27	
		Daughter	4	58.62	11.93	
		Son	2	57.09	9.82	
		Others	2	20.50	20.50	
7	Type of family	Nuclear family	43	56.07	10.72	18.11 NS
		Joint family	7	45.86	27.71	

**P<0.01 NS- Not significant, S- significant

Table 4 shows that the association between the caregiver burden and demographic variables. It is evident that there is relationship between caregiver burden and relationship with the patient. (F value is 4.77 and it is significant at 0.01 levels)

Discussion

Traumatic head injured client's need not to be in the hospital till the full recovery ,so they get discharged from the hospital to the home by the family members ,who are the responsible person to take care of the client.

The sample size was 50 .out of 50 care givers 14(28%) were male and 36 (72%) were females.

The majority care giver were17 (34%) at age group of 21- 30 years of age.

Among 50 caregivers 4 %(n=2) of them were having mild level of burden, 10 %(n=5) of them were at moderate level, 70 %(n=35) of them were at severe level and 16 %(n=8) of them were at very severe level.

Conclusion

Most of the care givers are female and spouses. There was significant association between care giver burdens, with the relationship of the care giver to the patient.

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