

A Study on Burden, Stress and Social Support of Family Caregivers in Intensive Care Unit Patient

Moon-Sook Shim*, Hye-Wook Youn**

*Dept of Nursing Science, Konyang University

**National Health Insurance Corporation Daejeon Office

e-mail:msshim@konyang.ac.kr

중환자 가족원의 부담감, 스트레스 및 사회적 지지

심문숙*, 윤혜옥**

*건양대학교 간호학과

**국민건강보험공단 대전지부

요 약

This study was to identify the correlation between the degree of burden, stress and social support of family caregivers in ICU patient. The subjects were 146 family care givers observed at a general hospital at D city. The level of stress that family caregivers experience the average points of 2.18, which is considered less than average. The level of burden that average point of 2.51. Points for level of subjective feeling ranged from 1.74 to 3.90. The average point of 3.03 is higher than that for objectively recognized feeling. The points for social support that average point of 3.03 for social support proves that families feel positive about the social support they are receiving. The level of stress which shows that the lower the income, the higher the stress. The effect on stress shows significance in subjective feelings of burden, social support, and employment, indicating that they have correlations with stress. Both the feeling of burden and social support have an impact upon the stress that patient families experience.

I. Introduction

III. Results

This study was to identify the correlation among the degree of social support, stress and feeling of burden of family caregivers in ICU patient. This study thereby attempts to provide fundamental data for developing an arbitration program for the patient and the family caregivers.

II. Method

The subjects were 146 family caregivers observed at a general hospital at D city. Among patients hospitalized in the K University hospital, the C University hospital and the S general hospital from samples for this research are narrowed down to families of those serious patients hospitalized for more than 3 days and are thus constantly present in the waiting rooms.

1. The level of stress that patients' families experience the points range from 2.12 to 2.44, average being 2.18, which is considered less than average.
2. The feeling of burden the families recognize, objectively recognized feeling of burden shows a wide range, from 2.23 to 4.0, with average point of 2.51. Points for level of subjective feeling ranged from 1.74 to 3.90. The average point of 3.03 is higher than that for objectively recognized feeling.
3. The degree of social support that families recognize, emotional support ranges from 2.11 to 2.40, informational, 2.29 to 2.34, material, 2.36 to 2.88, and evaluative, 2.29 to 2.41. The average point of 3.03 for social support proves that families feel positive about the social

support they are receiving.

4. In terms of level of stress according to general characteristics of families, the stress points for a family with an income of 500 thousand won to a million won is 12.43, which shows that the lower the income, the higher the stress. Dividing by sex, male is 10.31, while female is 11.33, which means that female experiences more stress than male. In terms of academic history, those with a lower than elementary school level of educational training is 11.83, meaning the lower the academic history, the higher the stress. Looking at the feeling of burden in general characteristics of a family, dividing by sex, women show 23.18 points and men, 21.82 for objective feeling of burden, which is significant statistically ($t=-2.404$ $p=0.043$). In academic background, there is significant difference in objective feeling of burden ($F=2.838$ $p=0.040$).
5. Looking at the stress and the social support related to patients' hospitalization, there was no statistical significance discerned. In social support, there is significant difference in the rotation availability of nursing and in the financial support provided from other organizations or communities. That is, in the availability of rotation in nursing, 49.66 points is shown where no rotation is available, while 42.34 is shown when it is available ($t=-3.107$ $p=0.002$). In financial support from other organizations or communities, when it is provided the stress point is 53.67, which is higher than 43.95 when it is not provided ($t=2.127$ $p=0.035$).
6. The effect on stress shows significance in subjective feelings of burden, social support, and employment, indicating that they have correlations with stress.

IV. Conclusion

Both the feeling of burden and social support have an impact upon the stress that patients'

families experience. This points to a need for developing an arbitration nursing program, which may include support and counseling sessions for patients' family members. In addition, a more expanded research, which investigates the difference according to seriousness of the patient's illness and which can develop methods of social support performed at hospitals to lighten families' stress and feeling of burden is required.

References

- [1] Archbold PG, Stewart BJ, Greenlick MR, Harvath T. "Mutuality and prepared as predictors of caregiver role strain" *Research Nursing & Health*, 13, 375-384, 1998.
- [2] Brandt PA, Weinesrt C. "The PRQ; A social support measure". *Nursing Research*, 30(5): 277-280, 1991.
- [3] Bull MJ. "Factors influencing family caregiver burden and health". *Western Journal Nursing Research*, 12(6): 756-776, 1999.
- [4] Hodovanic BH, Reardon D, Reese W, Hedges B. "Family crisis in the medical intensive care unit", *Heart & Lung*, 13: 243-249, 1994.
- [5] House JS. "Work stress and social support". Addison - Wesley Co. Massachusetts, 1981.
- [6] Kaplan BH, Cassel JC, Gore S. "Social support and Health". *Medical care*, 15:47-58, 1997.
- [7] McCarty EF. Caring for a parent with alzheimer's disease :Process of daughter caregiver stress. *Journal of Avanced Nursing*, 1996.
- [8] Miles MS, Funk SG, Kasper MA. "The neonatal intensiver care unit environment :Sources of stress for parents". *AACN Clinical Care Nursing*, 2(2): 346-354, 1991.
- [9] Miller JE. "Coping with chronic illness Overcoming Powerlessness". *Philadelphia. F .A. Davis*. 1983.
- [10] Molter NC. "Needs of relatives off critically ill patients: a descriptive study". *Heart & Lung*, 8: 332-339, 1989.
- [11] Montgomery FJV, Gonyea JG, Hooyman NR. "Caregiving and the experiences of subjective

- and objective burden. *Family relations*, 34: 19-26, 1985.
- [12] Norris LO, Grove SK. "Investigation of selected psychosocial needs of family members of critically ill adult patients", *Heart & Lung*, 15: 194-195, 1986.
- [13] Novak MN, Guest C. "Application of a multidimensional caregiver burden inventory", *The Gerontologist*, 29(6): 798-803, 1989.
- [14] Pallet J. A Conceptual framework for studying family caregiver burden in alzheimers type dementia". *Journal of Nursing Scholarship*, 22(1):52-57, 1990.
- [15] Printz FV. "Group process effect on caregiver burden". *Journal Neuroscience Nursing*, 22(3): 164-168, 1990.
- [16] Sindy C. "Social support as a moderation life stress", *Psychosomatic Medicine*, 38:36-44, 1986.
- [17] Thoits PA. "Conceptual methodological and theoretical problems on studying social support as a buffer against life stress", *Journal of Health and Social Behavior*, 23:145-159, 1992.
- [18] Tilden VD, Weinert VD. "Social support and the chronically ill individual". *Nursing Clinics of North America*, 22(30): 613-620,1997.
- [19] Tomson EH, Doll W. "The burden of families coping with the mentally ill: an invisible crisis, *Family Relations*, 31: 379-388, 1982.
- [20] Vitaliano PP. et al. "Predictors of burden in spouse caregivers of individuals with alzheimers disease". *Psycho-Aging*, 6(3): 392-402, 1991.
- [21] Weiss R. "The provision of social relationship in doing to others,ed". By Zick Rubin, Englewood Cliffs, N.J. *Prentice Hall Inc*, 17-26, 1974.
- [22] Zarit SH, Todd P, Zarit JM. "Subjective burden of husbands and wives as caregivers: A longitudinal study". *The Gerontologist*, 26(3): 260-266, 1986.