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Numminen, Waltimo, & Kaste, 1998; Wade ,

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(, 1995), (, 1996), (, 1991; , 1999; , 1994; , 1995; , 1992; Deimling & Bass, 1986; Given, Stommel, Collins & Given, 1990), (, 1991; , 1995), (, 1992; , 1994) . 가 가

(, 1991; , 1996; , 1994; Montgomery ,

1985), (, 1992; , 1991; , 1999; 가 , 1993; , 1996; , 1992; Cantor, 1983), (, 1992; Cantor, 1983), (, 1999), (, 1999; Montgomery , 1985), (, 1999; , 1995), (, 1994; , 1995), 가 (Clipp & George, 1990; Matson, 1994), 가 (, 2000; , 1991; 가 , 1993; Clipp & George, 1990)

가 (Anderson , 1995; Schulz, Tompkins & Rau, 1988) 가

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(2) 가 1 12 가 가

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(1) 가 Zarit (1980), Montgomery

(1985) Novak & Guest(1989) 21 가 가
가 (1993) . 5 가 .
25 (3) (4 Cronbach's α .91 .
) (3) (6) (9)
57가 .
가
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.86 . D 1998 7
31 10 31 , 2 가 가
가

(2)
Mini-Mental State Examination .
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가 219 96
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(3) 가
Barthel Index(Mahoney & 27 , 20 ,
Barthel, 1965) 10 3 9 , 가 8
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.96 . 5.

(4) 가 SPSS 10.0 ,
가 Archbold Stewart(1986) , 가
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Cronbach's α .70 . < 1-1>, < 1-2>
1)

(6) 가 52.4 , 67 (54.5%)
Brandt & Weinert 가 103 (83.7%),
(1987)가 (Personal Resource 20 (16.3%) . 가 가
Questionnaire) 가 . 4 가 93 (75.6%), 가 30

< 1-1>		(n = 123)		
	(%)	(M±SD)	t or F	
	67(54.5)	3.12±0.18	0.39	
	56(45.5)	3.11±0.20		
40	19(15.4)	3.11±0.25	1.91	
40 - 49	24(19.5)	3.03±0.16		
50 - 59	43(35.0)	3.14±0.19		
60	37(30.0)	3.13±0.16		
SAH	42(34.1)	3.08±0.18	1.27	
ICH	38(39.0)	3.21±0.22		
Cerebral Infarction	43(35.0)	3.16±0.17		
	103(83.7)	3.10±0.19	-1.44	
	20(16.3)	3.17±0.16		
가	30(24.4)	3.00±0.17	-6.78***	
	93(75.6)	3.21±0.15		
가	41(33.3)	3.08±0.18	1.65	
	28(22.7)	3.21±0.22		
	54(43.9)	3.16±0.17		

*** p<0.001

M ; Mean, SD ; Standard Deviation

< 1-2> 가		(n=123)		
	(%)	(M±SD)	T or F	
	23(18.7)	2.96±0.17		
	100(81.3)	3.15±0.18		
30	35(28.5)	3.09±0.19		
30-49	44(35.8)	3.13±0.19		
50	44(35.8)	3.12±0.19		
	18(14.6)	3.23±0.19	2.14	
6	28(22.8)	3.08±0.20		
7-9	39(31.7)	3.11±0.20		
10-12	27(22.0)	3.11±0.16		
13	11(8.9)	3.03±0.17		
	61(49.6)	3.12±0.21	0.19	
	62(50.4)	3.11±0.16		
	27(22.0)	3.03±0.21	-2.71**	
	96(78.0)	3.14±0.18		
100	35(28.5)	3.16±0.16	2.78	
100-150	48(39.0)	3.16±0.18		
150	40(32.5)	3.08±0.19		
	62(50.4)	2.96±0.10	-16.08***	
	61(49.6)	3.27±0.10		
	56(45.5)	3.28±0.19	21.07***	
	25(20.3)	3.10±0.17		
	34(27.6)	3.29±0.08		
	8(6.5)	3.01±0.31		

** p<0.01, *** p<0.001

M ; Mean, SD ; Standard Deviation

(24.4%) 가 54
 (43.9%) 가
 . 가 (p<.001) 가
 , , , , 가 가
 2)가
 가 100 (81.3%)
 , 42.5 8.1
 . 61 (49.6%)가 가 , 96
 (78%) . 35
 (28.5%) 100 , 48 (39.0%)가 100
 150 , 40 (32.5%) 150
 62 (50.4%) , 61 (49.6%)
 가 56 (45.5%), 34 (27.6%), 25
 (20.3%), 8 (6.5%) . 가
 (p<.001), (p<.01), (p<.001),
 (p<.001) 가
 . 가 , , ,

2. ,
 4.19±4.98
 1.33±0.42 .
 (p<.001) (p<.001) 가
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 3. 가 ,
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 가 ,
 3.49±0.18 , 2.11±0.43
 , 3.35±0.39 . 가
 (p<.001)
 (p<.001) 가
 < 2>.

< 2> 가 , ,

	M±SD	R
	4.19±4.98	-0.49***
	1.33±0.42	-0.50***
가	3.49±0.18	0.13
	2.11±0.43	-0.68***
	3.35±0.39	-0.93***

*** p<0.001
 M ; Mean, SD ; Standard Deviation

4. 가
 가 57
 < 3> . 25
 57
 : 1) “
 .” (4.56±0.64); 2) “ 가
 .” (4.55±0.49); 3) “ 가
 가 .”
 (4.38±0.68); 4) “
 .” (4.27±0.70); 5) “
 .” (4.18±0.68).

< 3> 가

	M±SD
	3.11±0.19
	4.01±0.39
	2.81±0.41
	2.94±0.22
	3.05±0.30
	3.23±0.38

M ; Mean, SD ; Standard Deviation

5. 가
 Stepwise
 multiple regression < 4>.
 , 가 , 가
 , 가 , 가
 , 가 , 가
 , 가 , 가

가 (87.5%, $p < 0.001$),
 (2.7%, $p < 0.001$), (1.5%,
 $p < 0.001$), 가 가 (0.4%,
 $p < 0.05$)

. Gunilla (2001) 60% 가 가
 , 50%
 가

가

< 4 > 가

가

(n = 123)		
	R ²	Cum. R ²
	.875	.875
	.027	.902
	.015	.916
가 ()	.004	.920
		F
		844.38***
		32.77***
		20.69***
		6.45*

* $p < 0.05$, *** $p < 0.001$

가
 가

가 가
 가 가
 가 가
 가 가

가
 McCarty(1996) 가 가

가 2
 , 3.11
 5 가

가 가
 가 (2%)가

(, 2000; ,
 1997) 가가
 가

($p < 0.001$, respectively).

Gunilla (2001)

가 , -
 (Scholte , 1998; Schulz , 1988; Tompkins,
 Schulz & Rau, 1988)

OECD

가 가

가

가
 Gunilla, (2001)

가
 (Glass, Matchar, Belyea &
 Feussner, 1993; Gunilla , 2001),
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가 (1992). _____ 가 _____ .

가 2 , 가 , 가 (2000). _____ , 30(6), 1531-1542. (2000). _____ . (2000). _____ 가 가 _____ , 30(3), 595-605.

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Subjective burden of husbands and wives as caregivers : A longitudinal study. The Gerontologist, 26(3), 260-266.

-Abstract-

Key concept : Family caregivers, Burden, Acute Stroke Patients

Caregivers' Burden in patients with acute stroke

*Kang, Sue Jin *· Lee, Hee Joo **
Smi Choi-Kwon ****

During acute stages of hospitalized stroke patients, family caregivers face many challenges. They often experience emotional distress, social isolation, and financial constraints. However, the burden of caregiving of stroke patients in acute stages has never been studied properly. The purpose of this study was to investigate the factors related to the caregivers' burden with acute stroke.

The subjects were 123 acute stroke patients and their caregivers who were admitted to neurology and neurosurgery units at Dan Kook University Hospital in Chung-Nam area. An interview was performed with the use of standardized questionnaire which included data

pertaining to the patients/caregivers characteristics, caregiver burden (Modified Zarit's Burden Scale), and social support (Personal Resource Questionnaire).

Our results showed that the mean burden score was 3.11, indicating high level of burden. Among the sub-domain scores, financial burden was the highest. In univariate analysis, the factors related to caregiver burdens were: inability to communicate between patients and caregiver ($p < .001$); low cognitive function of the patients ($p < .001$); low level of ADL ($p < .001$); the gender of caregiver ($p < .001$); the current employment status of caregivers ($p < .01$); the presence of social support for caregiver ($p < .001$); and the availability of alternative caregivers ($p < .001$). In multiple regression analysis, social support for family caregivers (87%), low level of patient's cognition (2%), availability of 2nd caregiver (1%), and gender of caregiver (female, 0.4%) were significant explanatory factors of overall burden.

The caregivers' burden in acute stages during hospitalization following stroke was high. Recognition of high levels of caregivers' burden and those relating factors affecting caregiver burden may allow us to develop different nursing strategies to unload the level of burden for caregivers in acute stages of stroke.

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