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ABSTRACT

Background: The number of patients diagnosed in Hemodialysis (HD) due to End-Stage Renal Disease (ESRD) has been increasing. Consequently, there is a need for readjustment among the family to accommodate the demands in caregiving. This predisposes the family caregivers to experience strain or burden in their role. Current literature shows the need for interventions to address the psychosocial demands in caregiving; however, there are limited studies on this among family caregivers of HD patients.

Objectives: This paper aimed to (1) identify the characteristics (i.e., age, sex, civil status, kinship to the patient, employment, and average hours per day spent in caregiving activities) of the family caregivers of HD patients; (2) identify the characteristics (i.e. age, sex, dialysis vintage, level of neuro-cognitive function, and level of motor function) of the HD patients; (3) determine the caregiver strain experienced by the family caregiver; (4) determine if there is a relationship between the family caregiver's characteristics and the caregiver strain; (5) determine if there is a relationship between the patient's characteristics and caregiver strain: and (6) determine if there is a significant change in the caregiver strain before, immediately after, and 1 month after the Caregiver Adaptation Program (CAP).

Methods: This was a one-group interrupted time series design. Participants consisted of primary family caregivers of patients diagnosed with ESRD on regular outpatient HD at PGH. The estimated sample size was set at 34-45 participants but the study ended at 25 participants. At baseline, the participants and patients were asked about the characteristics under study. The participants also answered the Zarit Burden Interview (B1) for three time periods (i.e., baseline, immediate, post-intervention, and 1 month post-intervention) to measure their caregiver strain levels. The Caregiver Adaptation Program (CAP) was given to the participants for five consecutive sessions. Each session was done for approximately 2 hours.

Results: The family caregivers of HD patients at PGH were mainly comprised of middle-aged females, married, parent or spouse of their patients, unemployed, and gave more than 12 hours per day for caregiving activities. The HD patients were characterized as middle-aged adults; and with equal distribution in sex, dialysis vintage of 4 years, intact intellectual functioning, and mild to moderate impairment in ADL capacity. The caregiver strain level was at mild level at baseline, immediately after, and one month post CAP. There was no relationship between caregiver strain and the family caregiver's characteristics. Likewise, there was no relationship between caregiver strain and the patient's characteristics. Lastly, there was a decline in the caregiver strain mean

scores from baseline to one month post intervention, but this was maintained at mild level and was not statistically significant.

Conclusions: There will be an increasing demand for more family members to care for patients undergoing HD in the future. Though the current study showed that the family caregiver's and the patient's characteristics were not related to the caregiver strain level, previous studies show conflicting results. Additionally, though not statistically significant, there was a decline in the mean caregiver strain scores across the three time periods. Nevertheless, the study was limited by its small sample size because of unexpected attrition and environmental constraints because of ongoing renovation at the study site. Therefore, there should be a strong advocacy for more studies on the experiences of these family caregivers of patients on HD in the Philippine setting and the creation of psychosocial interventions that will help ease the strain in caregiving.