

A COMPARATIVE STUDY TO ASSESS THE CAREGIVER BURDEN AMONG CAREGIVERS OF SOBER AND RELAPSE ALCOHOLICS FROM SELECTED AREA OF PUNE CITY

Author's Name: Dr. Pallawee Sheoran

Affiliation: Principal cum professor, Udaipur college of Nursing, Udaipur, Rajasthan, India

E-Mail: pallii15@yahoo.co.in

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Abstract

Alcohol is the most commonly used recreational drug. Taken in moderation, it can be compatible with a healthy lifestyle. But alcohol abuse causes problems that reach far beyond drinkers themselves. The person who is caring for the alcoholic also suffers from different problems related to changes they must face in their everyday life and routine which may range from economic, psychological, social, and physical problems etc. It gives rise to the term caregiver burden. The term "caregiver burden" refers to a people's emotional response to changes and demands that occur as they give help and support to the older person. The burden can be subjective burden (worry, stigma, and displeasure) and objective burden (family disruption) on caregivers and on types of burden were explored. In view of this the present study investigated the caregiver burden among caregivers of sober and relapse alcoholics. Non probability convenient sampling technique was used till designed size of 60 was reached, it was divided in to two groups i.e 30 caregivers of sober and 30 caregivers of relapse alcoholics from particular de-addiction center and its associated alcohol anonymous groups. Semi structured questionnaire interview consisted of demographic profile of the caregivers and sober or relapse alcoholic, and Zarit Burden Interview Scale was used. Study findings found that about 47.5 % of the wives of relapse alcoholic has moderate to severe burden.

Keywords: Caregiver, sober, relapse, alcoholics, drug, moderation

INTRODUCTION

Alcoholism has defined as "the nation's number one health problem" a major cause of disrupted family life, automobile and Industrial accidents, poor job performance, and increasing crime rates. The term "caregiver burden" refers to a people's emotional response to changes and demands that occur as they give help and support to the older person. The burden can be subjective burden (worry, stigma, and displeasure) and objective burden (family disruption) on caregivers and on types of burden were explored.

Caregivers generally experience two types of stress - primary and secondary. Primary stress is the stress felt from everyday caregiving duties. Secondary stress comes from sources other than direct caregiving duties. Some of the alcoholics maintain sobriety while others get relapse due to different reasons. The caregiver while caring for such sober and relapse alcoholics experiences different strain or caregiver burden. Long term stress is seen in family members who undertake the care of a person in home for a long period. This stress is called caregiver burden and produces responses such as fatigue, sleeping difficulties and high blood pressure. Prolonged stress can also result in mental illness.

As alcoholism affects the life of the caregivers too, it is necessary to measure the caregiver burden experienced by the caregiver of sober and relapse alcoholics.

NEED OF THE STUDY

Alcohol is one of the commonly consumed intoxicating substances in India. It has traditionally been drunk in tribal societies, although it has won increasing social acceptance among other groups, urban males being the prime example. It is easily available and widely used, especially at festivals such as Deepawali and Holi. At the moment the use of alcohol is infrequent among women who also tend to resist the habit among male family members. Due to westernization of Indian society the alcohol is now day's readily available drink for any celebration and is used by all strata of people.

Addiction is a family problem and is major source of stress for family members. Family disruption related to alcoholism is serious, complex, and pervasive social problem. To violence, disrupted family roles, impaired family communication and partly physical and psychological illness. Families of alcoholics experience guilt, shame, resentment, insecurity, delinquency, financial troubles, isolation, fear and violence

Alcohol use has a role in caregiver burden in two different ways. In some cases, alcohol is the direct or indirect cause of the health or other problems that the person receiving care is experiencing (e.g. the older person may have peripheral neuropathy, or esophageal cancer resulting from long term alcohol use; excessive drinking can raise blood pressure, leading to increased risk of stroke; or the older person has other health problems and also has alcohol use problems). In other cases, the person giving care is struggling with giving care, and alcohol use becomes one of the person's ways to handle the caregiver burden/ stress.

In an acute care setting, the caregiver is most often a professional; however, in the home care situation, this person is often a family member. There is considerable known about care giving and caregiver burden (particularly as it relates to giving care to people who have dementia), but very little is known about caregiver burden and alcohol problems, or even caregiver burden and alcohol related dementia.

Several studies have been conducted regarding the alcoholics and caregiver burden among caregivers of mental disorders, but very few studies are done regarding the caregiver burden among caregivers of sober and relapse alcoholics. Hence in the proposed study investigator felt the need to assess the caregiver burden among caregivers of sober and relapse alcoholics.

METHOD

Aim: The present study aimed to assess the caregiver burden among caregivers of sober and relapse alcoholics from selected area of Pune city

OBJECTIVES

The objectives of this study were:

1. To assess the caregiver burden among caregivers of sober
2. To assess the caregiver burden among caregivers of relapse alcoholics
3. To compare the caregiver burden among caregivers of sober and relapse alcoholics

4. To correlate the findings with selected demographic variables of the caregivers of the sober and relapse alcoholics.

ASSUMPTION

The study assumes that there will be caregiver burden among caregivers of sober and relapse alcoholics

HYPOTHESIS

The level of significance chosen for the entire hypothesis was 0.05 level of significance.

Ho: There will be no significant difference in the caregiver burden among caregivers of sober and relapse alcoholics.

H1: There will be significant difference in the caregiver burden among caregivers of sober and relapse alcoholics.

RESEARCH DESIGN

In the present study the researcher selected descriptive study to compare the caregiver burden on caregivers of sober and relapse alcoholics.

SAMPLE

The sample size for the study consists of 71 (N=30) which were selected conveniently to suit the study, it was divided in to two groups i.e 30 caregivers of sober and 30 caregivers of relapse alcoholics from de-addiction center and its associated alcohol anonymous groups.

TOOLS AND TECHNIQUE

Semi structured questionnaire interview consisted of two sections:-

SECTION I – DEMOGRAPHIC PROFILE

- Part A.- Demographic profile of the caregivers
- Part B.- Demographic profile of the sober or relapse alcoholic

SECTION II- Zarit Burden Interview Scale

RESULTS

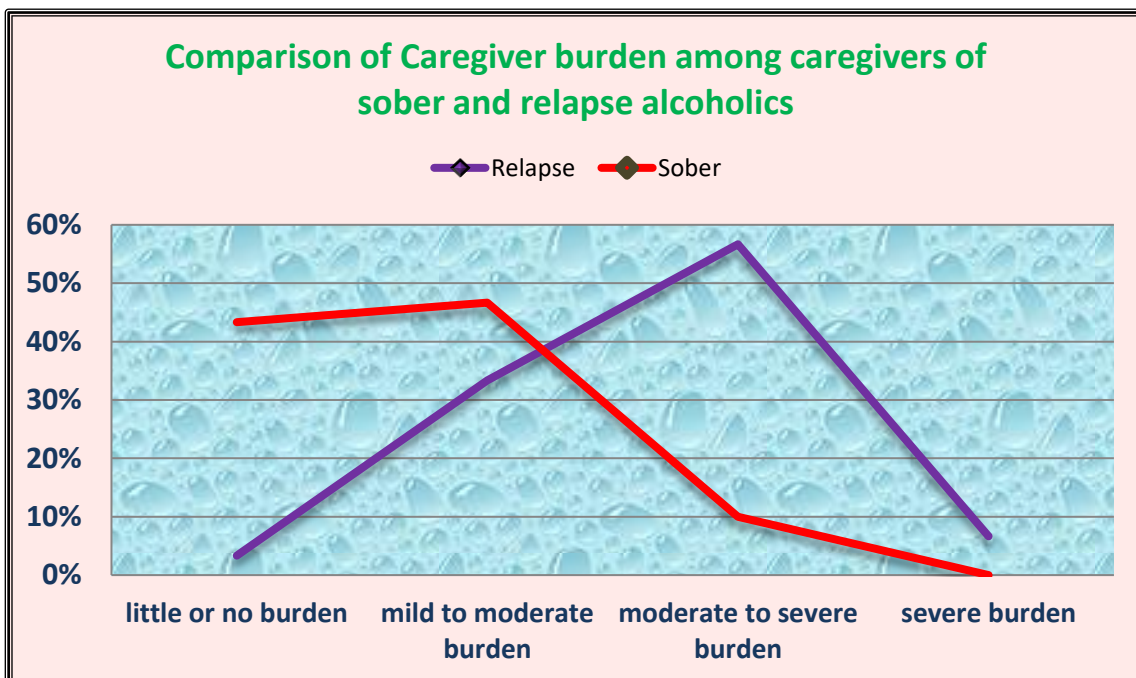
Table 1. : Assessment of caregiver burden among caregiver of sober alcoholics

Burden	Frequency	Percentage (%)
Little or no burden	13	43.33%
Mild to moderate burden	14	46.67%
Moderate to severe burden	3	10.00%
Severe burden	0	0.00%

Table 2. Item wise assessment of caregiver burden among caregiver of relapse alcoholics

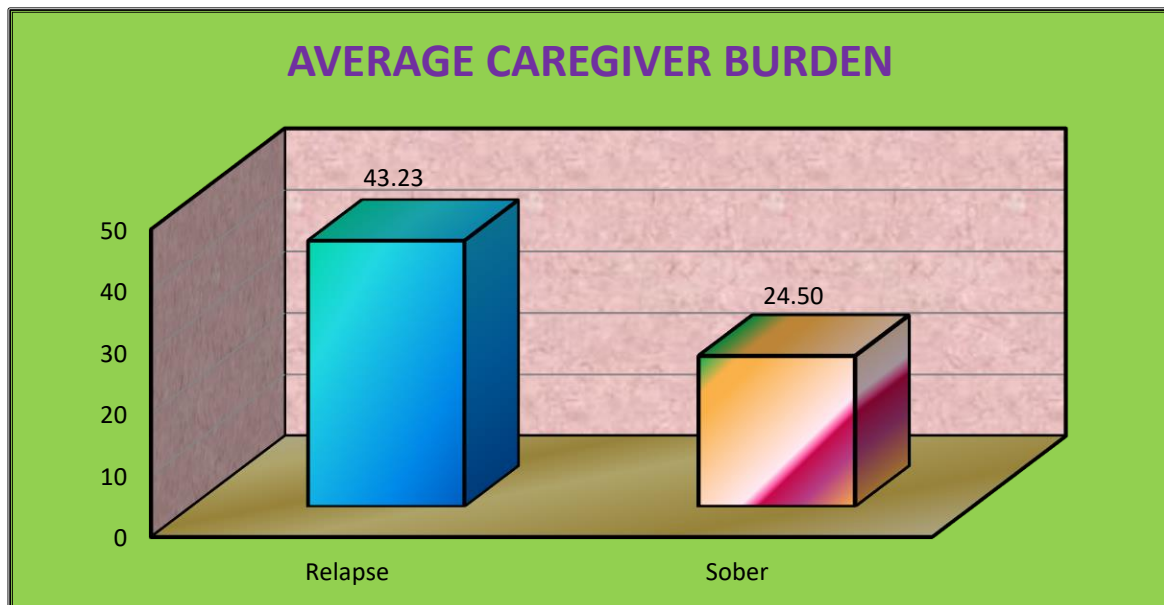
Table 3. Comparison of caregiver burden among caregiver of sober and relapse alcoholics

	Sober	Relapse	T	p-value
Mean	24.50	43.23	25.56	9.73E-22
SD	11.19	12.53		



Graph 1: Comparison of caregiver burden among caregivers of sober and relapse alcoholic

Burden	Frequency	Percentage (%)
Little or no burden	1	3.33%
Mild to moderate burden	10	33.33%
Moderate to severe burden	17	56.67%
Severe burden	2	6.66%



Graph 2: Average caregiver burden among caregivers of sober and relapse alcoholics

DISCUSSION

The caregiver burden among caregivers of sober and relapse alcoholics is found to be more in caregivers of relapse alcoholics as compare to sober alcoholics. The study found that about 47.5 % of the wives of relapse alcoholic has moderate to severe burden, majority of the caregivers of relapse alcoholics experience moderate to severe burden whereas the caregivers of sober alcoholics experience little or no burden and mild to moderate burden. 23% and 27% of the caregivers of relapse alcoholics quite frequently and nearly always felt that their social life has suffered because they are caring for their relative respectively. The study reveals that there is significant association between the age, occupation, duration of care provided before the de-addiction therapy and the caregiver burden on caregivers of sober alcoholics. On the other hand demographic variables like sex, education, monthly income, type of family, relationship with the patient, duration of care after de-addiction therapy, and whether the patient presently working were found to have no significant association with caregiver burden among caregivers of sober alcoholics. There was significant association between gender, relationship of the caregiver with the patient, duration of care provided after de-addiction therapy and caregiver burden on caregivers of relapse alcoholics. On the other hand demographic variables like age, education, occupation, monthly income, type of family, duration of care provided before de addiction therapy, and whether the patient presently working; these demographic variables were found to have no significant association with caregiver burden among caregivers of sober alcoholics.

IMPLICATIONS OF THE STUDY

The implications of the study can be discussed in the following broad areas namely nursing practice - The community nurse can use the findings of the study and improve her services and pay attention that the community understand the benefits of being assertive and avoid aggressive behavior hence increase their communication skills and increase self esteem. A psychiatric nurse or mental health nurse working in psychiatric unit can provide need based services to the psychiatric patients and teach them the importance of assertiveness in everyday life. Hence improving their self esteem and social acceptance in the society. Nursing education- The study

findings can be used in conducting education programs and awareness program on assertiveness training on a large scale in the community. In-service education programs and continuing education programs in different areas related to use of assertive behavior in patient education, communication skills, should be arranged for trained nurses, trainees and other undergraduate and postgraduate courses to refine their knowledge and practices. Nursing administration- The findings of the study can be used by the nurse administrator in formulating policies and providing information about importance of assertive behavior.

RECOMMENDATIONS

- ✓ Same study can be conducted by using large samples,
- ✓ Further researches can be done to know the caregiver burden experienced by the caregiver of alcoholics, bedridden patients, mental illness, chronic illnesses, etc.
- ✓ A similar study can be conducted by administering booklet on caregiver burden management
- ✓ A similar study can be conducted by administering planned health teaching on caregiver burden management
- ✓ Similar study can be conducted using three comparative groups i.e caregiver of alcoholics, sober alcoholics and relapse alcoholics

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