

# A Study on Psycho Social Issue on Caregivers of Patients: A Study from Tamil Nadu, India.

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**Abstract:-** The terms and caregiver have been defined as when family members provide both concrete assistance and mutual support to each other as a part of normal family interactions. There are two types of family caregivers. A care provider is one who performs and carries out practical tasks such doing housework, cooking, and caring for the patient's hygiene. Caregiver stress can result in depression, anxiety, feelings of helplessness, and burden. This study was conducted to assess the psycho –social problems of the caregivers at Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, Tamil Nadu, India. The study is designed as a questionnaire and is distributed to caregivers. Verbal consent was obtained from the caregivers by explaining the purpose of the study. There were 30 study respondents. The questionnaire contains 30 questions. The parameters of the questionnaire included psycho –social problems of the caregivers. This study shows that, most of the Care givers of the palliative care patient getting physical, mental changes, and mostly in financial crisis. Majority of the respondents, unable to care the patient because of money problems to meet the medical expense. Caregivers show higher levels of depression, anxiety, stress, tension ,frustration, they did not get psychological support from family members, easily irritated and sensitive, felt anxiety and tension, faced insulting situation from society.they need financial support from the government and also want to enrolled in any government schemes. They need more nutritional support and treatment satisfaction, and also need the free health services from the hospital.These are helped to make positive change to the caregiver's lifestyle.

**Keywords:-** Care giver, Care giving, Psycho-Social behaviour, Attenders.

## I. INTRODUCTION

The terms caregiver have been defined as when family members provide both concrete assistance and mutual support to each other as a part of normal family interactions. There are two types of family caregivers. A care provider is one who performs and carries out practical tasks such doing housework, cooking, and caring for the patient's hygiene. Caregiver stress can result in depression, anxiety, feelings of helplessness, and burden. Family caregivers play an important role in the management of chronic illness; enlisting their cooperation and including them as the unit of care from outside are considered critical ingredients to effective chronic illness management. An informal or primary caregiver is an individual in a chronic illness patient's life that provide unpaid assistance and care. A person who gives care to people who need help taking care of themselves, that include children, the elderly, or patients who have chronic illnesses or are disabled. Caregivers may be health professionals, family members, friends, social workers.

### ➤ Roles for the Caregivers

Caregivers of chronic illness patients are expected to function broadly, providing direct care, assistance with activities of daily living, case management, emotional support, companionship, and medication supervision. Other activities are more practical, such as shopping, making meals, running errands, doing laundry, housekeeping, and helping with the patient's paper work. Caregivers often talk about experiencing role strain, which is influenced by feelings: "in the middle" when making decision about the care of the chronically ill family member; a "burden of responsibility" in assuming a multitude of tasks; and a "changed identity" due to new roles related to care giving. The other responsibilities and tasks that caregivers undertake are:-Decision making,, Advocacy, Communication, Social support activities,Hands-on Care Provision.

➤ *Psychological issues that caregivers encounter*

Giving care has a detrimental impact on the family caregiver's mental state. Caretakers of elderly relatives or friends frequently experience elevated levels of stress, anxiety, sadness, and other mental health consequences. Caregivers show higher levels of depression, anxiety, stress, tension, frustration, they did not get psychological support from family members, easily irritated and sensitive, felt anxiety and tension, faced insulting situation from society. The above are the major psychological problems faced by the caregivers. Caregivers show higher levels of depression, anxiety, stress, tension, frustration, they did not get psychological support from family members, easily irritated and sensitive, felt anxiety and tension, faced insulting situation from society. The above are the major psychological problems faced by the caregivers.

➤ *Caregivers financial difficulties*

Care giving affects a caregiver's work and family financial, such as balancing a job and providing care to family members. Financial costs refer to direct momentary costs related to paying for the care giving expenses while some are related to the forgone financial or monetary costs in employment due to one having to perform a care giving role. They also felt unable to care relative because of money problems, making loans to bear the expenditure for treatment for patient, sold movable and immovable properties for arranging money to provide facilities, spend money for special equipment for patient, they did not satisfied with financial condition of family for caring the patient, felt difficulties in meeting of expenditure and other financial condition, they did not able to spend money for their expense. These are the major financial problems faced by the caregivers.

Caregivers are important in society. Caring someone with disease is a unique task which requires lot of patience and not only the palliative patients but their family members are also affected emotionally and psychologically when the diagnosis of problem is made. As a direct consequence of assuming the caregiver role, caregivers are at increased risk for physical and mental morbidity. Caregivers constantly

experience anxiety because of the nature of the illness, treatment process, and fear of loved one's death, changes in social role, life style and overall distress that results from having day to day physical problems associated with caring the chronic ill patients. In addition, both physical and psychological impairments can lead to disturbing the quality of life of caregivers. The present study is an attempt to analyze the psychosocial impact of care giving.

## II. MATERIALS AND METHOD

In OCTOBER 23, a descriptive cross-sectional study was conducted to evaluate the psycho-social problems of the caregivers. At Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India. caregivers are given a questionnaire that is part of the study. By outlining the goals of the study, the caregivers gave their verbal consent. n = 30 is the total number of respondents to the study. There are 30 questions in the survey. The questionnaire's requirements included details on sociodemographic characteristics and psycho-social problems of the caregivers. Women who didn't collaborate and were not willing to engage in the study were not included.

## III. RESULT

The total number of females is 30. Table 1. shows, the 50% of the attenders got proper food during hospitalization. Felt ill at the time of attending the patient 16.66% and 83.33% does not have the symptoms. Separate room provided for attenders 13.33% and 86.66% not having the separate rooms for attenders. Ever felt lonely 53.33% and attenders never felt lonely 46.66%. Felt that hospital is irresponsible 30% and 70% not felt that hospital is irresponsible. Felt stressed 76.66% and does not have the symptoms 23.33%. Have the fear that the patient will not recover back 50%. Patient does not get the proper care 46.66% and 53.33% patient getting proper care. Work as an attender again 73.33% and 26.66% not work as an attender again. Other employees behaved rude to attenders 36.66% and other employees not behaved rude to attenders 63.33%.

Table 1 shows, psycho-social problems of the caregivers

| S.NO | CONTENT   | YES%   | NO%    |
|------|---|--------|--------|
| 1    | Do you got proper food during hospitalization               | 50%    | 50%    |
| 2    | Do you felt ill at the time of attending the patient        | 16.66% | 83.33% |
| 3    | Do separate room provided for attenders                     | 13.33% | 86.66% |
| 4    | Do you ever felt lonely                                     | 53.33% | 46.66% |
| 5    | Do you felt that hospital is irresponsible                  | 30%    | 70%    |
| 6    | Are you felt stressed                                       | 76.66% | 23.33% |
| 7    | Do you have the fear that the patient will not recover back | 50%    | 50%    |
| 8    | Ever felt the patient does not get the proper care          | 46.66% | 53.33% |
| 9    | Will you be okay to be attender again                       | 73.33% | 26.66% |
| 10   | Apart from doctors other employees behaved rude to you      | 36.66% | 63.33% |
| 11   | Are you felt dehydrated                                     | 33.33% | 66.66% |
| 12   | The hospital rooms sanitized properly                       | 96.66% | 3.33%  |
| 13   | Hospital management request consent for the treatment       | 83.33% | 16.66% |
| 14   | Do you felt worried for the consequences of treatment       | 63.33% | 36.66% |
| 15   | You felt that hospitals are money minded                    | 73.33% | 26.66% |
| 16   | Mood swings during treatment                                | 73.33% | 26.66% |

|    |   |        |        |
|----|---|--------|--------|
| 17 | Do you felt that hospital is providing unnecessary investigation    | 30%    | 70%    |
| 18 | The hospital management or any medical practitioner ill-treated you | 16.66% | 83.33% |
| 19 | Do you got help from other family members                           | 86.66% | 13.33% |
| 20 | Got proper sleep during hospitalization                             | 10%    | 90%    |
| 21 | Bond between patient and attender had developed                     | 83.33% | 16.66% |
| 22 | Love and care plays a major role to improve patient's health        | 100%   | NIL    |
| 23 | Do you affected by any infection during hospitalization             | 16.66% | 83.33% |
| 24 | Do you affected by UTI  | 13.33% | 86.66% |
| 25 | Faith in god has increased  | 83.33% | 16.66% |
| 26 | Felt happy while discharging the patient                            | 86.66% | 13.33% |
| 27 | Are you satisfied responsibilities as a attender                    | 96.66% | 3.33%  |
| 28 | Separate washroom facilities are provided for attenders             | 26.66% | 73.33% |
| 29 | Ever illtreated by patient  | 26.66% | 73.33% |
| 30 | There is any government scheme provided for welfare of attenders    | Nil    | 100%   |

Felt dehydrated 33.33% and 66.66% not felt dehydrated. Hospital rooms sanitized properly 96.66% and 3.33% not sanitized properly. Hospital management request consent for the treatment 83.33% and Hospital management not request consent for the treatment 16.66%. Felt worried for the consequences of treatment 83.33% and 16.66% not felt worried for the consequences of treatment. Felt that hospitals are money minded 73.33% and not felt that hospitals are money minded 26.66%. Mood swings during treatment 73.33% and 26.66% does not having mood swings during treatment. Felt that hospital is providing unnecessary investigation 30% and felt that hospital is not providing unnecessary investigation 70%.

Hospital management or any medical practitioner ill-treated the attenders 16.66% and 83.33% hospital management or any medical practitioner are not ill-treated the attenders. Get help from other family members 86.66% and not get help from other family members 13.33%. Get proper sleep during hospitalization 10% and 90% do not get proper sleep during hospitalization. Love and care plays a major role to improve patient's health 100%. Affected by any infection during hospitalization 16.66% and not having this symptom 83.33%. Affected by urinary tract infection 13.33% and 86.66% not affected by urinary tract infection. Faith in god has increased 83.33% and not increased faith in god 16.66%. Felt happy while discharging the patient 86.66% and 13.33% not felt happy while discharging the patient. Satisfied responsibilities as a attender 96.66% and not satisfied responsibilities as a attender 3.33%. Separate washroom facilities are provided for attenders 26.66% and 73.33% not having separate washroom facilities for attenders. Illtreated by patient 26.66% and not illtreated by patient 73.33%. Government scheme are not provided for welfare of attenders 100%.

**IV. DISCUSSION**

50% of the attenders got proper food during hospitalization. Felt ill at the time of attending the patient 16.66%. Most of the attenders not having the separate rooms 86.66%. More attenders getting stress 76.66%. Most of the attenders have the fear that the patient will not recover back 50%. Few other employees behaved rude to attenders 36.66%. Hospital rooms sanitized properly 96.66%. Hospital management request consent for the treatment 83.33%.

Mostly worried for the consequences of treatment 83.33%. Mostly hospitals are money minded 73.33%. Mood swings during treatment 73.33%. Hospital management or any medical practitioner are not ill-treated the attenders 83.33%. Get help from other family members 86.66%. Most of the attenders do not get proper sleep during hospitalization 90%. Love and care plays a major role to improve patient's health 100%. Affected by any infection during hospitalization 16.66%. Few attenders affected by urinary tract infection 13.33%. Faith in god has increased 83.33%. Most of the attenders are not having separate washroom facilities 73.33%. Few attenders are ill treated by patient 26.66%. Government scheme are not provided for welfare of attenders 100%.

Most of the care givers of the palliative care patient getting physical, mental changes, and mostly in financial crisis. The care giving process may be perceived as self-sacrificing and the caregiver may seek help from community services or assistance from friends and family. Majority of the respondents, unable to care the patient because of money problems to meet the medical expense. The psychological health of the family caregiver is negatively affected by providing care.

**V. CONCLUSION**

Majority of the respondents, unable to care the patient because of money problems to meet the medical expense. Most of the care givers of the palliative care patient getting physical, mental changes, and mostly in financial crisis. Higher levels of stress, anxiety, depression and other mental health effects are common among family members. Caregivers show higher levels of depression, anxiety, stress, tension, frustration, they did not get psychological support from family members, easily irritated and sensitive, felt anxiety and tension, faced insulting situation from society. they need financial support from the government and also want to enrolled in any government schemes. They need more nutritional support and treatment satisfaction, and also need the free health services from the hospital. The government must support to the caregivers. They need more nutritional support and treatment satisfaction, and also need free health services from the hospital. These are help to make positive change to the caregiver's lifestyle.

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