

# ASSESS THE BURDEN, STRESS AND COPING ABILITIES AMONG CAREGIVERS OF COVID-19 PATIENTS

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## Abstract

**Background:** Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 Virus will experience mild to Moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The Covid-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). **Aim and Objectives-** This study aim and objectives are to assess the burden, stress coping and their level of significance among caregivers of COVID- 19 patients. **Methodology-** A descriptive study was done on 60 caregivers of COVID-19 patients in selected hospitals at Meerut. The purposive sampling technique was used. Caregivers burden, stress and coping abilities were assessed by using caregivers burden scale (Zarit-22 interview scale), Kingston caregivers stress scale and modified Jake Sims coping scale respectively, **Result-**The result showed that mean score for burden, stress and coping with SD for caregivers of COVID-19 patients was  $47.00 \pm 07.008$ ,  $29.20 \pm 4.202$  and  $46.28 \pm 7.06$  and correlation of patient with COVID-19 was (0.273) suggesting a negative significant correlation between the burden, stress and coping abilities 'r' value was less than table value (0.273) with df 58 at (0.05) level of significance. **Conclusion:** there was no significant association between level of burden, stress and coping abilities among caregivers of COVID-19 patients and demographic variables. It is inferred that there is moderate to severe level burden, mild stress & good coping abilities is higher among caregivers of COVID-19 patients.

**Keywords:** Burden, Coping, Caregivers, COVID-19, Stress.

## Introduction

The COVID-19 pandemic in India is a part of the worldwide pandemic of corona virus disease 2019 (COVID-19) caused by severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2). The first case of COVID-19 in India which originated from China was reported on 30 January 2020. India currently has the largest number of confirmed cases in Asia, has the second number of confirmed cases in World after United States with more than 10.3 million reported cases of COVID-19 infection more than 150,000 deaths as of January 6, 2021. The per day cases peaked mid-september in India with over 90,000 cases reported per day and have since come down to below, 40,000 in December.

In July 2020, India's Ministry of Information and Broadcasting claimed the country's case fatality rate was among the lowest in the world at 2.41% and "Steadily declining". By Mid may 2020, six cities accounted for around half of all reported cases in the country-Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata. The last region to report its first case was Lakshadweep, on 19 January 2021, nearly a year after India's first reported case. On 10 June, India's recoveries exceeded active cases for the first time. Infection rate started to drop significantly in September, and the number of daily new cases and active cases started to decline rapidly. A Government panel on COVID-19 announced in October that the pandemic had peaked in India, and may come under control by February 2021. India has over 30 anti COVID-19 vaccines in various stages of development and a national vaccine drive was started on 16 January 2021.

## Literature Review

1. **Smith et al. (2021)** conducted a study on covid-19 caregivers (doctors, nurses and emergency Health workers), in Utah university US. The result showed that they have Depression, Anxiety, Acute traumatic stress, sleeplessness and addicted to alcohol.
2. **Sun et al. (2020)** studied on psychological experience of caregivers of COVID-19 patients in Henan. A phenomenological approach used, 20 nurses enrolled who provided care for Covid-19 patients. The interview conducted face to face or by telephone. The study results revealed that first, negative emotions present in early-stage consisting of fatigue, discomfort, and helplessness were caused by high-intensity work, fear and anxiety, and concern for patients and family members second, self-coping style included psychological and life adjustment, altruistic acts, and rational cognition. Third, we found growth under pressure, which included increased affection and gratefulness, professional responsibilities, and self-reflection. Finally it showed that positive emotions occurred simultaneously with negative emotions.
3. **Galehdar et al., (2020)** have exploring nurses' perception aboutpatients'e care needs with COVID-19 in Iran. A Qualitative research was performed using the conventional content analysis method. Participants in this study included the nurses caring for patients with COVID-19, and they were selected based on the purposeful sampling method. The

result illustrated that the nurses experienced a variety of psychological distress during the care of patients with COVID-19.

4. **Feng et al., (2020)** have conducted a study to explore nurses' stress and psychological problems during this Pandemic and to identify strategies used by these nurses to relieve stress. A cross sectioned online survey was conducted and convenience sampling was used and a total of 469 practicing nurses participated in this study. The result showed that most of participants expressed concerns about living problem (72.2%) on the stress questionnaire, the facets of “ Burden of taking care of patients” and “worries about social isolation” earned the first and second highest scores, respectively. Caring, supporting, inquiring, informing, equipping, and assisting caring to reduce nurses' stress and worries.

### **Problem Statement**

A Study to assess the burden, stress and coping abilities among caregivers of COVID-19 patients in selected hospitals at Meerut.

### **Objectives of the study**

1. To assess the level of burden among caregivers of COVID-19 patients.
2. To assess the level of stress among caregivers of COVID-19 patients.
3. To assess the level of coping abilities among caregivers of COVID-19 patients.
4. To assess the level of significance of burden, stress and coping abilities among caregivers of COVID-19 patients.

### **Research Methodology**

*Research approach:-* In present study Quantitative Research Approach is used.

*Research design:-* For the present study, a descriptive research design is adopted.

*Setting of the study:-* The setting selected for the present study was hospitals (COVID-19 centers) at Meerut

*Population:* Caregivers (Nursing officers) of COVID-19 patients

*Sample techniques:-* The sampling technique used for the study was purposive sampling.

*Sample Size:-*60 caregivers of COVID-19 patients

### **Tools and techniques of Data collection**

*Section A:* Socio-Demographic datasheet

*Section B:* Zarit Burden Interview (ZBI-22)

*Section C:* Kingston Caregivers stress scale (KCSS)

*Section D:* Jack Sims Modified coping abilities scale

## Analysis and Result

### Section – I Frequency and percentage distribution of the caregivers of COVID-19 patients in selected hospital Meerut in terms of demographic information.

n=60

Sr. No	Socio-demographic Variables	F	%
1.	<b>Age (In Actual years)</b>		
	18-25	14	23.3
	26-50	30	50
	51-65	16	26.6
2.	<b>Gender</b>		
	Male	28	46.6
	Female	32	53.33
3.	<b>Educational status (Up To)</b>		
	GNM	41	68.3
	BSC (Nursing )	17	28.3
	Above	02	3.3
4.	<b>Type of job</b>		
	Govt./contract	45	75
	Private	15	25
5.	<b>Actual Income (Monthly)</b>		
	5000 – 10000	0	0
	10001 – 15000	0	0
	15001 – 20000	15	25
	20001 & above	45	75
6.	<b>Marital status</b>		
	Married	44	73.3
	Unmarried	11	18.3
	Divorced	03	5
	Widow	02	3.3
7.	<b>Religion</b>		
	Hindu	40	66.6
	Muslim	4	6.6

	Christian	16	26.6
	Others	0	0
8.	<b>Duration of stay with the patient</b>		
	7 days to 1 month	35	58.3
	1 to 2 months	15	25
	2 to 3 months	10	16.6
	Above 3 months	0	0

**Data presented in table depicts that**

- The data represented in table 1 shown that majority of sample in age 14(23.3%) were in age 26-50yrs, 30 (50 %) were 18-25yrs, 16 (26.6%) were 51-65 years.
- Majority of samples were 32(53.33%)female and 28(46.6%) were male.
- Majority of samples 41 (68.3%) were GNM, 17 (28.3%) were BSc (NURSING) and 02 (3.3%) were Graduate & above.
- Majority of samples 45 (75%) weregovt/contract, 15 (25%) were private Employed.
- Majority of samples 45 (75%) came under 20001 & above income and 15 (25%) came under 15001-20001.
- Majority of samples 44 (73.3%) were married 11 (18.3%) were unmarried, 03 (5%) were divorced and 02 (3.3%) were widows.
- Majority of samples 40 (66.6%) were Hindu, 16 (26.6%) were christian, 4(6.6%) were Muslim .
- Majority of samples 35 (58.3%) were stayed from 7 days to 1 month 15(25%) 1 to 2 month, 10 (16.6%), 2 to 3 months with patient.

**Section – II Frequency band percentage of Level of burden among caregivers of COVID-19 patients.**

<b>n=60</b>				
<b>Sr. No.</b>	<b>Level of Burden</b>	<b>f</b>	<b>%</b>	<b>Mean SD</b>
1.	Mild to Moderate	17	28.3	47.00 ± 07.008
2.	Moderate to Severe	25	41.6	
3.	Severe	18	30.	

**Data presented in table depicts that**

Data presented in Section II depicted that 28.3 % of mild to moderate burden , 41.6 % moderate to severe and 30 %of severe burden among caregivers of patient with COVID-19 and the mean score is 47.00 and SD value is 07.008 it is inferred that there is a moderate to severe level of burden is high rather than severe and mild to moderate.

**Section III- Frequency band percentage of Level of Stress among caregivers of COVID-19 patients.**

**n=60**

Sr. No.	Level of Stress	f	%	Mean SD
1.	Mild	26	43.33	29.20 ± 4.202
2.	Moderate	11	18.33	
3.	Severe	23	38.33	

**Data presented in table depicts that**

Data presented in Section III depicted that 43.3 % of mild Level of Stress, 18.33 % moderate and 38.23 %of severe Level of Stress among caregivers of patient with COVID 19 and the mean score is 29.20 and SD value is 4.202, it is inferred that there is a mild level stress is higher than moderate and severe.

**Section IV-Frequency band percentage of coping abilities among caregivers of COVID-19 patients.**

**n=60**

Sr. No.	Level of Coping abilities	f	%	Mean SD
1.	Very Poor	5	8.33	46.28 ± 7.06
2.	Poor	15	25.0	
3.	Good	25	41.6	
4.	Very Good	15	25	

**Data presented in table depicts that**

Data presented in Section IV depicted that 8.33 % of very poor coping abilities 25 % poor coping abilities and 41.6 %of good coping abilities and 25 % very good coping abilities among caregivers of patient with COVID-19 and the mean score is 46.28 and SD value is 7.06, it is inferred that there is a good level of coping is higher.

**Section V -Correlation (r) between burden, stress and coping abilities among caregivers of COVID-19 patients.**

**n=60**

Relationship	r-value	p-value
Burden	1.06	0.273*
Stress	1.035	
Coping abilities	1.186	

**Data presented in table depicts that**

Data presented in section V depicted that the Correlation of patient with COVID-19 was (0.273) suggesting a negative significant correlation between the burden, stress and coping abilities ‘r’ value was less than table value (0.273) with df 58 at (0.05) level of significance.

**Discussion**

The present study findings showed that high 25 (41%) moderate to severe burden, 26(43.33%) mild stress and 25 (41.6%) and good coping has been found in caregivers in COVID-19 patients, where as a similar study conducted by Ming-Chu Feng et al. 2020 shows that higher stress & burden among nurses and an another study conducted by (Sun et al.; 2020), Wei Luoqun, 2020) shows that in first stage high intensity work caused negative emotions and good self coping style and life adjustment. Besides Feng et al., (2020) revealed in their study that the result showed that most of participants expressed concerns about living problem (72.2%) on the stress questionnaire, the facets of “ Burden of taking care of patients” and “worries about social isolation” earned the first and second highest scores, respectively.

**Conclusion**

The study is an attempt to understand burden, stress and coping abilities in caregivers of patients with COVID-19. All the caregivers experienced mild to severe burden, mild to severe stress and very poor to very good coping abilities. There was no significant association between level of burden, stress and coping strategies among caregivers of COVID-19 patients and demographic variables. The above findings would help in planning interventions for the caregivers of COVID-19 patients, which would in turn reduce burden, stress and improve coping skills.

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