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STRESS PERCEIVED BY THE PRIMARY CARETAKERS ATTENDING TO CHILDREN WITH CARDIAC PROBLEMS

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Abstract:-The present study makes an attempt to understand the stress perceived by the primary caretakers attending to children with cardiac problems. Caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the study. Thus a total number of 60 caretakers were selected purposively for conducting the present study. The results revealed that more than 50 per cent of the parents' perceived high stress, 32 per cent perceived average stress and only 18 percent perceived very low stress.

Keywords:Care takers, Cardiac problems .

INTRODUCTION

Becoming a parent, is one of the most powerful of the human experiences, is often accompanied with feelings of celebration and relief, but it can also be a time of anxiety, and stress. The term “Parenting” is derived from the Latin root pario, meaning life-giver, and encompasses much more than just the care giving activities parents perform.

As a parent, the fact that the child has cardiac problem is one of the worst situations to face. Everyone will be worried and under considerable problems. Parents will worry that the child will suffer and the family life is going to be completely disrupted. Parents may feel numb or as though you have been hit physically and may feel confused, or unable to hear, remember or think clearly when you are given information about your child's diagnosis or treatment. The numbness may alternate with feeling overwhelmed by very painful and powerful emotions.

According to Merriam-Webster's Collegiate Dictionary (1993) one definition of stress is ‘a constraining force or influence such as a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation?’.

Stress is caused by changes in a person's life style, financial problems, environmental episodes, personal loss, or negative emotions (callan, 1990et al.). Stress can also be an outcome resulting from interactions with people, situations, and the environment (Romas and Sharma, 2000). Stress can be caused by small everyday hassles, as well as pervasive, ongoing factors, which may arise from specific events, but have long-term ramifications (Bailey and Simeonsson, 1988; Romas and Sharma, 2000).

RESEARCH METHOD:

A total number of 60 caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the present study. The sample was limited to Primary care takers for two reasons. First much of the research on family care giving which has been done aboard was focused only on below 15 year old children. Secondly, reports have suggested that parents are particularly vulnerable to the strains of illness experienced due to multiple roles to be shouldered. The main focus of the study was to provide various alternative

strategies for the primary caretakers.

RESEARCH FINDINGS AND DISCUSSION:

Caretaker's general profile: Includes variables such as age, gender, education, occupation, religion, relationship with the patient, marital status, family type and family income.

For conducting in depth interview and to share personal information regarding caretaker's perceptions and variables contributing to the stress perceived by the primary caretakers attending to children with cardiac problems. Only cooperative caretakers were selected.

Caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the study. Thus a total 60 caretakers were selected purposively for conducting the present study.

Patients' general profile: It includes patient's age, gender, education, ordinal position, relationship with the caretaker.

Initial survey was done through website and through personal contacts and 18 centers (Hospitals) were identified catering to the needs of the cardiac patients. The centers (Hospitals) were then contacted in person through phone to find out the children with cardiac. Based on the availability and frequency of these children with cardiac, 6 hospitals were identified.

After secondary survey out of 6 Hospitals, the number is further reduced to 4 based on the continuous flow of cardiac patients to the hospitals and duration of stay ranged from 10 days to one month, which was convenient to conduct in-depth in interviews with the caretaker about the patient.

DESCRIPTION OF THE CARDIAC PROBLEMS:

- Cardiac illness is the most acute pressure, which any family may experience and it also creates a potential threat equally to both the victim and the caretaker.
- For the patient, the threat involves painful medical procedures, surgeries, and its side effects, and frequent hospitalization

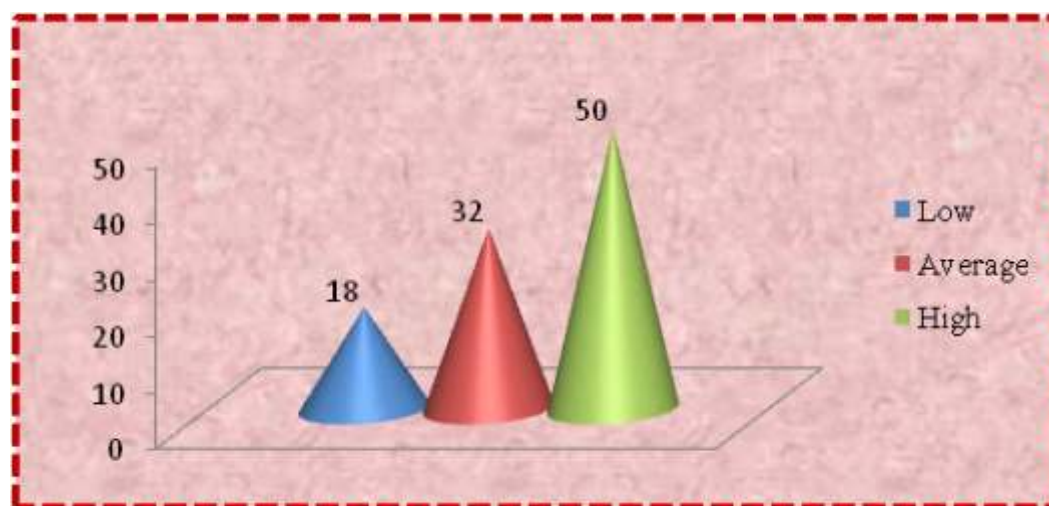
STRESS PERCEIVED BY THE CARETAKER ATTENDING TO CHILDREN WITH CARDIAC PROBLEMS

Stress perceived by the caretaker attending to children with cardiac problems (n=60)

S.no	Area	Category	Males		Females		Total	
			F	%	F	%	F	%
1	Stress	Low	5	8	6	10	2	18
		Average	6	10	13	22	17	32
		High	10	17	20	33	41	50

The above table presents stress perceived by the caretaker's attending to children with cardiac problems: The scale is intended to be used for the assessment of parental stress for both mothers and fathers and for parents of children with and without clinical problems.

The scale demonstrated satisfactory convergent validity with various measures of stress, emotion, and role satisfaction, including perceived stress, work/family stress, loneliness, anxiety, guilt, marital satisfaction, marital commitment, job satisfaction, and social support. It was observed from the table that more than 50 per cent of the parents' perceived high stress, 32 per cent perceived average stress and only 18 percent perceived very low stress.



CONCLUSION:

The results revealed that more than 50 per cent of the parents' perceived high stress, 32 per cent perceived average stress and only 18 percent perceived very low stress.

Two third of the parents perceived high stress. This could be as cardiac problem is considered as an incurable disease, critical and traumatic. The feeling that something may go wrong (very sick or die) may cause discomfort and insecurity each and every moment. Besides attending to the sick child, the caretakers also have to manage different things like household activities, family needs, personal needs, attending to other children, and managing health problems so on. All these things may add up to increase stress among the caretakers.

Vrijmoet et al. (2009) conducted a study of parents of children with congenitally malformed hearts did not report higher generic stress scores and parenting levels of stress were also comparable with norm groups. However, both fathers and mothers reported significantly higher rates of perceived vulnerability, regardless of surgery or severity of the disease.

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