

Support for family caregiver burden providers in home care - On providing urination care -

Sachiko TERAOKA 1) Hiroko IBA 1),2) Chiaki OTSUKA 3)

1) Yasuda Women's University Department of Nursing

2) Doctoral program in health sciences graduate school of health sciences

Hiroshima 3) Hyogo University Department of Nursing

[Purpose]

In this study, the elderly who receives care and the family who is a care provider continue home care based on self-respect philosophy, so we focus on "urination care", which is said to have high care burden, and the burden of care providers. And to obtain suggestions for the improvement of the support system.

[Method]

Questionnaires, which consisted of 21 items and 4 categories as follows; 1) Anxiety aggravation, 2) Insufficient sense of the expenses, 3) Restriction sense, 4) Distress, were mailed to 414 caregivers. Data were analyzed by examining Pearson, Spearman rank correlation and t-test.

[Ethical consideration]

All Participants were informed about this study and local ethics committees of Hiroshima University gave permission (Admission number:25-1).

[Result]

One hundred eighty nine returned (a 48.3% response rate). Mean age of caregivers were 66.9(SD±11.26, range from 27 to 95) years. The results showed that 75.7% of frail person used diaper and 31.0% of them used restroom.

1) average

Each categories(max 5) showed within 2.0 (1.4 of Anxiety aggravation, 1.6 of Insufficient sense of the expenses, 1.7 of Restriction sense and 2.0 of Distress). It was suggested that the degree of care burden experienced by caregivers was not so higher when they had to care for frail person with urinary incontinence.

2) Relations with each category

Relations with each category: It was not a significant correlation between the ages of caregiver, the period of care, the number of times of the assistance during 1 day, or the level of care. However, it was significantly lower correlation (0.403-0.472) between the health conditions of caregiver. It was a significant effect between the existence of support for caregiver and Restriction sense ($t=-2.566$), or care burden with restroom users ($t=-2.031$).

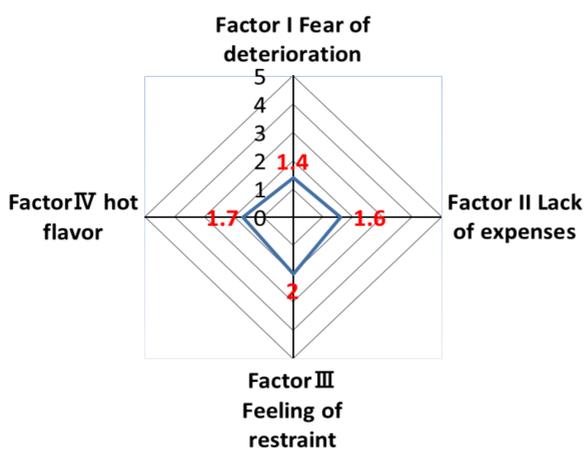


Fig.1 Care caregiver: whole

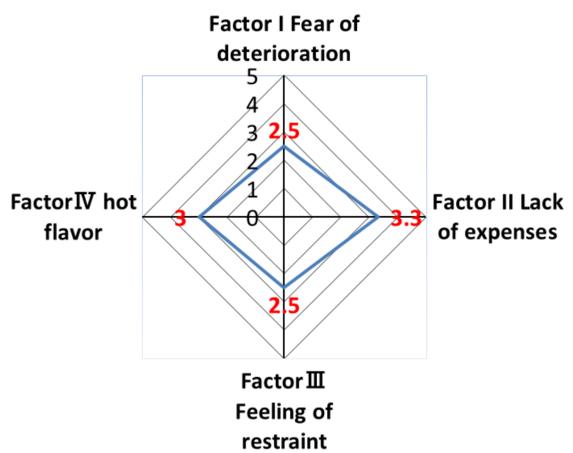


Fig.2 50s Male - To Mother

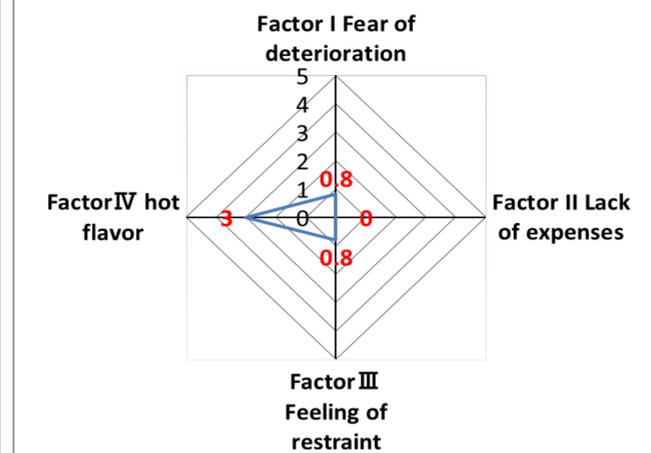


Fig.3 70's Female - To your mother-in-law

[Discussion]

As the age of association between care providers and four factors increases, the sense of burden as a whole and the sense of detention and spicity increase. It is inferred that the length of the care period and the increase in the number of care became the strength of the restraint of the care giver. The burden consciousness of care was directly proportional to the health condition of the care provider. The presence of a care supporter leads to a reduction in the feeling of restraint due to urination care. "Spicity" accompanying urination care is lighter for toilet users than diaper users. Support for the factor IV (pain due to frequent urination assistance) and factor II (feeling of lack of expenses to comfortable environment) is useful for reducing the burden on care providers by clarifying the burden factor in home urination care.

[Consideration]

In addition to Japan's existing social support system, human resource fulfillment is an urgent issue in order for elderly people to continue home care. Specifically,

- ① from exhaustion arising from the sense of detention. It is suggested that securing personnel to open,
- ② securing care providers to reduce physical burden,
- ③ mitigating urinary care product cost burden.