Support for Family Caregiver Burden in Home Care on Providing Urination Care

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Purpose:

The aging rate in Japan shows an unprecedented upward trend compared to other countries. The proportion of predicted elderly in 2025 is expected to lead to a super-aged society with over 25% over 75 years old.

On the one hand, the declining birthrate is progressing. Moreover, it is expected that elderly care that declines in self-care capacity will be a physical, social, and mental burden for care providers as the number of care providers is expected to decrease.

In this paper, the elderly who receive care and the family that provides care continue home care based on a philosophy of self-respect. Thus, we focus on “urination care,” which is said to cause a high care burden, and the burden of care providers to obtain suggestions for the improvement of the support system.

Methods:

Questionnaires consisted of 21 items and 4 categories as follows: 1) Anxiety aggravation, 2) Insufficient sense of the expenses, 3) Restriction sense, and 4) Distress. They were mailed to 414 caregivers. Data were analyzed using 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).

Results:

One hundred eighty-nine participants returned the questionnaires (a 48.3% response rate). The mean age of caregivers was 66.9 years (SD ± 11.26, range 27–95) years. The results showed that 75.7% of frail persons used diapers, and 31.0% used the restroom.

1) Average: Each category (max 5) scored within 2.0 (1.4 for Anxiety aggravation, 1.6 for Insufficient sense of the expenses, 1.7 for Restriction sense, and 2.0 for Distress). It was suggested that the degree of care burden experienced by caregivers was not so high when they had to care for frail persons with urinary incontinence.

2) Relations with each category: There was no significant correlation among caregiver age, period of care, number of times of assistance in 1 day, and level of care. However, there was significantly lower correlation (0.403–0.472) between caregiver health conditions. There was a significant effect between the existence of support for the caregiver and Restriction sense (t = −2.566) or care burden with restroom users (t = −2.031).

Conclusion:
In addition to Japan’s existing social support system gained suggestion that support is necessary for elderly people to continue home care, 1) Securing human resources to open caregiver from exhaustion resulting from the feeling of restraint. 2) Providing care techniques for reducing physical burden, and 3) mitigating urinary care product cost burden.

Title:
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Keywords:
Support for family, caregiver burden and home care

References:


Abstract Summary:
The care burden of family care providers who provide care to the elderly at home is high. Therefore, focusing on “urination care”, which is said to have a large nursing-care burden, identifying the type of burden and proposing improvement of the burden on care providers.

Content Outline:
Purpose:
The aging rate in Japan is an unprecedented upward trend in the world. The proportion of predicted elderly in 2025 is expected to be a super-aged society with over 25 years of age over 75 years old. On the one hand, the declining birthrate is progressing. It is expected that elderly care that declines in self care capacity will be a physical, social, and mental burden for care providers as predictions of decrease in manpower of care providers are expected. In this paper, 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.
Methods:

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).

Results:

[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: 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).

Conclusion:

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.

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