FAMILY INVOLVEMENT IN THE CARE OF PERSONS SUFFERING FROM CHRONIC KIDNEY DISEASE (CKD): IMPLICATIONS FOR FAMILY EDUCATION

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| CONFLICT OF INTEREST | NONE                     |
| EMPLOYER          | THE UNIVERSITY OF THE WEST INDIES ST. AUGUSTINE, TRINIDAD & TOBAGO |
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GOALS AND OBJECTIVES

- **Session Goal**
  Explore if the caregivers/family members will require education on how to care for the persons suffering from chronic kidney disease (CKD).

- **Sessional Objectives**
  1. To explore the respondents knowledge and social support in the care of persons with CKD.
  2. To find an association between respondents’ knowledge and social support in the care of persons with CKD with selected demographic variables.
NEED FOR THE STUDY

- According to WHO, it is estimated that the global NCDs burden will increase by 17% in the next ten years (Islam, Purnat, Phuong, Mwingira, Schact & Froschl, 2014).
- The co morbidities associated with CKD add to the burden of the disease on the person with CKD and the entire family.
- In people aged sixty-five to seventy four worldwide, it is estimated that one in five men, and one in four women, have CKD (National Kidney Foundation, 2013).
- One in four persons may have some form of kidney disease in Trinidad (Ministry of Health, 2013).
- CKD affects the patient physically, mentally and emotionally and requires a significant amount of support from family members (Guardian Newspapers, 2015).
NEED FOR THE STUDY

- The leading cause of CKD in the Caribbean is hypertension and diabetes mellitus.
- Trinidad stands with 25% of the population being diabetic, 25% being hypertensive and 50% being overweight and these statistics represent an increase in adolescents also being affected.
- The co morbidities associated with CKD add to the burden of the disease on the person with CKD and the entire family.
- The financial burden is also a lot to bear for the family and person with CKD as dialysis sessions cost as much as $2000 per sessions and these persons require up to 3 sessions per week with only one secured by the Government.
A family develops a kind of homeostasis, a normal dynamic and routine, that is disrupted when a member of that family develops a chronic illness, boundaries. It disrupts their self-images and self-esteem.

Family members of persons with CKD experience emotions such as worry, frustration, helplessness, stress as well as illness-related factors such as permanent changes in physical appearance or bodily functioning (Golics, Basra, Salek & Finlay, 2013).

A study done by Oluyombo et al. (2016), showed that knowledge and awareness level among caregivers and patients should be improved in order for the prevention of CKD.

Morton et al (2010) in their study shows that decision making for chronic kidney disease (CKD) and the standard requirements of the caregivers are not being met. More family involvement in care is needed for better outcome.
METHODOLOGY USED

Research Design

Target population

Caregivers of persons with Chronic Kidney Disease (CKD)

Sampling

Purposive sampling

Study subjects

60 caregivers/family members.

Setting

Hemodialysis unit at the Eric Williams Medical Sciences Complex (EWMSC).

Instrument

A 3 part self-administered questionnaire

Data collection

Data analysis

Descriptive statistics
THE RESULTS
DEMOGRAPHIC PROFILE

Graph 1: Classification of Respondents according to their age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>20-30</td>
<td>10%</td>
</tr>
<tr>
<td>31-40</td>
<td>20%</td>
</tr>
<tr>
<td>41-50</td>
<td>25%</td>
</tr>
<tr>
<td>51-60</td>
<td>22%</td>
</tr>
<tr>
<td>&gt;65</td>
<td>23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>40%</td>
</tr>
<tr>
<td>Female</td>
<td>60%</td>
</tr>
</tbody>
</table>
Graph 2: Classification of Respondents according to their Education and employment.
Graph 3: Classification of Respondents according to their income and relation.

<table>
<thead>
<tr>
<th>Relation to Person</th>
<th>Income</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>&lt;7,500</td>
<td>13%</td>
</tr>
<tr>
<td>Child</td>
<td>&lt;7,500</td>
<td>20%</td>
</tr>
<tr>
<td>Sibling</td>
<td>&lt;7,500</td>
<td>2%</td>
</tr>
<tr>
<td>Parent</td>
<td>2,500-5,000</td>
<td>12%</td>
</tr>
<tr>
<td>Spouse</td>
<td>2,500-5,000</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>2,500-5,000</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>&gt;2,500</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>&gt;2,500</td>
<td>20%</td>
</tr>
</tbody>
</table>
MAJOR FINDINGS

- Almost half of the caregivers (48%) were of East Indian descent and were generally educated up to the secondary level.
- Majority of caregivers (48%) took care of the person with CKD for an average of 4-6 years.
- Majority (77%) of the caregivers stated that they had knowledge and information on CKD.
45% (27) of them were unaware of the number and various stages of CKD

15% of the caregivers did not recognize the difference in the required diet for a person with CKD and a normal diet.

25% responded that they did not know the risk factors for developing the disease.
Half of the respondents were unaware of the blood test and other investigations done in the management of a person with CKD respectively.

The respondents are actively caring for persons with CKD however, 30% (18) were unable to identify the common signs and symptoms which are essential in the effective management of the patient.
MAJOR FINDINGS cont.....

- 27% (16) did not possess the knowledge on prevention of CKD
- 15% (9) were unaware of the complications.
- Fifteen percent (9) of the respondents indicated that they were not aware of the kidney friendly diet and important of exercise.
- 14% caregivers had friends they could speak with about their problems.
MAJOR FINDINGS cont.....

- 15% could not count on friends if anything went wrong and
- 12% got assistance from friends.
- With regards to social support, it is noted that the majority of respondents expressed the lack of someone in their lives to help them carry the burden of caring for a person with CKD.
CONCLUSION AND RECOMMENDATIONS

Conclusion

- The results revealed that the majority of respondents indicated that they received information on CKD and its management. However, almost half of them (45%) were unaware of the risk factors. This indicates that there is a need for family education and better internalization of information received.

Recommendations

- Continuous educational programs for caregivers on the management of Chronic Kidney Disease (CKD).
- Support systems for the caregivers.
- Counsellors readily available for the caregivers when the person is diagnosed with chronic kidney disease (CKD).
REFERENCES


Thank you