

The Effect of Home Caregiving Program for Family Members Providing Care for Chronically Ill Relative Client

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Abstract

Health care systems in many countries are moving towards outpatient care in which family members are central in providing care for patients with life-threatening illness. Family members and friends haven't knowledge and skills to become caregivers as many studies found that, the need to involve in such program to enhance their ability to be caregivers. This study contacted to know the effect of home caregiving program for family members providing care for chronically ill relative client, A quasi-experimental was conducted at hospital and health center for follow up or taking medications in Babylon city, including an intervention group and control group. A four-week follow-up assessment were performed in each group. The sample of study was taken accidentally from (60) families who had chronic disease or older clients in different socioeconomic and educational level, The participants showed little score regarding knowledge they had 15 out of 25 score about (46.7 percent) While in practice they had 19 out 40 score (41.7 percent). When they answered the M C Q questions about the knowledge necessary for home caring. In practice, chick list used for determined the ability of caring regarding educational program. An educational program for family caregivers is important to enhance the ability of caring outside hospital

Keywords: Family, Caregiver and program

1- Introduction

More adults with chronic conditions and disabilities are living at home, family caregivers have higher level of responsibility for Caring for loved ones which associated with several benefits, including personal fulfillment, physical, psychological, and financial burdens. Lauren G and others (2011)

In order to maintain informal family care, community nurses should examine ways to lessen the burden of care among family caregivers. They should also develop culturally sensitive services that will meet the evolving expectations and preferences that are held by the next generations of family caregivers. Khalaila Rabia & Howard Litwin (2010)

Meeting family needs should be emphasized in nursing practice. Meeting these needs might help family members to cope better and be more supportive to their critically ill loved one. Omari Ferdous Hasan (2009)

Health care systems in many countries are moving towards outpatient care in which family members are central in providing care for patients with life-threatening illness. Kevin Brazil and others (2011)

Kevin Brazil and others (2011) defined Patient-centred care as 'Health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.

The importance of caregivers is being seen in many countries. In Canada, family caregivers provide 80–90% of care in home settings and in Australia family caregivers outnumber paid care providers 5 to 1, The estimated monetary value of family caregivers in Australia is more than AUD\$30 billion if substituted for formal care. New Zealand's Department of Labour (2010) estimated that there are more than 400 000 caregivers in the country, and in the USA more than 50 million individuals annually care for a family member. Jennifer K Angelo and others (2014)

Iraqi government is allocating \$ 12 billion in 2014 to ensure improvement of its healthcare sector that will be available to all 32 million people, growing at a rate of 9.5%, with a GDP of more than \$ 143 billion, with 128 billion barrels of proven oil reserves and with a growing demand for both preventive and curative healthcare systems, Iraq is the key emerging healthcare destination in the MENA region. Iraqi health (2013)

The Jordanian population was reported at 6.388 million inhabitants, growing at an average rate of 2.2% which is higher than the world average of 1.7%. It's relatively young population characterizes the country, with 37.3% of its inhabitants below the age of 15. The average family size is 5.4 persons with a per capita GDP of USD 4912. Hazim El-Naser (2007)

Iraq and Jordan haven't family caregiver approach that help the health system to give care for clients at home to support the health professional workers and decrease the needs for extra services. Population ages, more people with chronic and disabling conditions are choosing to live at home or in the community, requiring their family members and close friends to become caregivers.

The value of the services family caregivers provide for "free," when caring for older adults, is

estimated to be **\$375 billion** a year. That is almost **twice as much** as is actually spent on homecare and nursing home services combined (\$158 billion). More than 65 million people, 29% of the U.S. population, provide care for a chronically ill, disabled or aged family member or friend during any given year and spend an average of 20 hours per week providing care for their loved one. caregiveraction.org (2014)

Family members and friends haven't knowledge and skills to become caregivers as many studies found that, the need to involve in such program to enhance their ability to be caregivers.

This study contacted to know the effect of home caregiving program for family members providing care for chronically ill relative client.

2- Method

2-1 Design

A quasi-experimental was conducted at hospital and health center for follow up or taking medications in Babylon city, including an intervention group and control group. A four-week follow-up assessment were performed in each group.

2-2 Settings

The study included two intervention settings. Continuing education center in Al-Hilla hospital and health education in Aljamaa health center.

2-3 Participants

The sample of study was taken accidentally from (60) families who had chronic disease or older clients in different socioeconomic and educational level. Come to hospital or health center for follow up or taking medications, all participating families signed informed consent, Inclusion criteria for the participants were (1) living with client family; (2) with a low level of income; (3) at least primary school graduate.

2-4 The procedures

The training programme was implemented in two groups, and each one included 30 participants between 12 March and 22 May 2014. The programme for each group has continued 4 weeks in three sessions: theoretical (10 h), demonstration (10 h) and clinical practice (10 h). By using the home caregiving program on family members providing care for chronically ill relative. Which prepared by researchers for the purpose of the study. The programme broadly covered the following subjects: Changing linens, Bathing, Cleaning, and Dressing, Eating needs, Client moving, wake, and taking medication. Theoretical sessions were conducted for 10 half days from 9.00am to 13.00pm. Researchers emphasized the programme objectives and distributed the teaching manuals. To maintain interest, a range of teaching methods was applied, including interactive group work, discussion, movie, role play and lectures.

2-5 Instruments

Instruments were developed and used in order to collect data. A questionnaire including demographic information and two validated instruments assessing knowledge and skills, the start of the programme (baseline) and within one week after completion (follow-up). Family members in the comparison unit received written information about the study and a participation request, delivered consecutively by researchers at the setting, 57 of them gave their consent.

2-6 Data collection:

Data were collected through self-administration of questionnaire regarding the study. Participants provide self-report information across family caregiver and knowledge evaluation test (KET), Clinical practice evaluation form were used

2-7 Data analysis

Paired sample t test was applied to analyses the related data by using spss 18.0 software program. A level of $P < 0.05$ was considered statistically significant (Polit 1996). Characteristics of the intervention group and comparison group were compared using t-tests for continuous variables and χ^2 -tests for categorical variables.

2-8 Ethical considerations

Ethical approval was obtained from a scientific research committee at the nursing college and governmental health department (2014/3).

3- Results

Demographic criteria of participants the mean age was 35.2 with SD 6.83; 70.5 percent had only a primary school level of education, 69.7 per cent were married and 76.5 per cent had children.

The mean number of individuals living in the family was 4.99 with SD 1.31 and 82.5 per cent of the family reported that they did not have any knowledge or experience regarding client home care. Most of the family's caregiver were employed 81.2 percent.

Family caregiver knowledge and practice pretest result: The participants showed little score regarding knowledge they had 15 out of 25 score about (46.7 percent) While in practice they had 19 out of 40 score (41.7 percent). When they answered the M C Q questions about the knowledge necessary for home caring. In practice,

check list used for determined the ability of caring regarding educational program.

Table (1) Family caregiver pretest score

| Family knowledge score out of 25 | Frequency | Percent | Cumulative Percent |
|----------------------------------|-----------|-------------|--------------------|
| 11 | 3 | 5 | 5 |
| 12 | 3 | 5 | 10 |
| 13 | 14 | 23.3 | 38.3 |
| 14 | 12 | 20 | 58.3 |
| 15 | 28 | 46.7 | 100.0 |
| Total | 60 | 100% | |

| Family practice score out of 40 | Frequency | Percent | Cumulative Percent |
|---------------------------------|-----------|-------------|--------------------|
| 13 | 3 | 5 | 5 |
| 14 | 3 | 5 | 10 |
| 15 | 6 | 10 | 20 |
| 16 | 9 | 15 | 35 |
| 17 | 0 | 0 | 35 |
| 18 | 14 | 23.3 | 58.3 |
| 19 | 25 | 41.7 | 100.0 |
| Total | 60 | 100% | |

Family caregiver knowledge and practice posttest result: The participants showed some progress score regarding knowledge they had 20 out of 25 score about (40 percent) While in practice they had 21 out 40 score (46.7 percent).

Table (2) Family caregiver posttest score.

| Family knowledge score out of 25 | Frequency | Percent | Cumulative Percent |
|----------------------------------|-----------|-------------|--------------------|
| 15 | 2 | 6.6 | 6.6 |
| 16 | 4 | 13.3 | 19.9 |
| 17 | 3 | 10 | 29.9 |
| 18 | 5 | 16.8 | 46.7 |
| 19 | 4 | 13.3 | 60 |
| 20 | 12 | 40 | 100.0 |
| Total | 30 | 100% | |
| Family practice score out of 40 | Frequency | Percent | Cumulative Percent |
| 16 | 3 | 10 | 10 |
| 17 | 3 | 10 | 20 |
| 18 | 1 | 3.3 | 23.3 |
| 19 | 4 | 13.3 | 36.6 |
| 20 | 2 | 6.7 | 43.3 |
| 21 | 14 | 46.7 | 90 |
| 22 | 3 | 10 | 100.0 |
| Total | 30 | 100% | |

The differences between two groups of participants regarding knowledge and practice, paired samples t-tests for continuous measurements were performed. To identify the predictors of the dependent variables positive impact, a statistically significant difference was found between pre-test and post-test mean knowledge scores of the participants ($t: 8.32, P < 0.0001$). The graph shows the changes in mean knowledge scores of the participants

| Test | Groups | Sample size | The arithmetic mean | Statistical variation | Degree of freedom | T value | |
|-----------|--------------|-------------|---------------------|-----------------------|-------------------|------------|--------------------|
| | | | | | | calculated | Tabulated P >0.001 |
| Pre-test | Intervention | 30 | 63 | 415.2 | 58 | 1.41 | 3.211 |
| | Control | 30 | 65.3 | 232.1 | | | |
| Post-test | Intervention | 30 | 93.3 | 32.5 | | 8..32 | |
| | Control | 30 | 71.2 | 217.6 | | | |

4- Discussion

Family caregivers are important for caring personal at home for more benefits, for that reason they need education and training to enhance their ability and performance. This study

Study contacted at Netherlands (2007) by Ruben G. Fukkink, Review of studies published between 1980 and 2005 shows a significant positive effect of specialized training on the competency of caregivers in childcare, Correlational research has suggested that the training of caregivers is a cornerstone for quality in early care. Care-givers with higher educational levels provide better personal care.

Another point of view by T.A. Bayik & A. Uysal (2010) indicate that Nurses historically have been involved with patient education, but caregiver education has received minimal attention. Nurses could support the family caregivers by taking into consideration the social, economic, and cultural characteristics of the community so that not only the care given would be of a higher quality but also the knowledge competency and life quality of family caregivers would be enhanced.

Maisa Toljamo & Marja-Leena Pera`la (2011) mentioned that family caregivers' strengths and positive experiences of caregiving would be important in protecting them from the negative consequences of caregiving.

Kelli I Stajduhar (2013) stated that the findings from analyses of four qualitative datasets indicate a variety of ways in which family caregivers learn how to provide at-home care to the dying. Evidence suggests that many (but not all) family caregivers derive significant positive benefits in providing care at home.

5- Conclusion

An educational program for family caregivers is important to enhance the ability of caring outside hospital. Researchers of this study designed an educational program to increase knowledge and practice of family caregivers. Application of an educational program was done through participation of family caregiver were the mean age was 35.2 with SD 6.83; 70.5 percent had only a primary school level of education, 69.7 per cent were married and 76.5 per cent had children. A statistically significant difference was found between pre-test and post-test mean knowledge scores of the participants ($t: 8.32, P < 0.0001$). The graph shows the changes in mean knowledge scores of the participants.

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