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Stress, Appraisal, Coping and Adaptation of Family Caregivers of Patients on Dialysis: A Transactional Theory Approach

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Abstract. The primary purpose of this research was to determine the levels of stress, appraisal, coping, and adaptation among family caregivers. The study employed a quantitative descriptive research design. There were 402 respondents involved in this study who completed a survey questionnaire. The results demonstrated that family caregivers experienced moderate stress levels, yet exhibited exceptional levels of appraisal, coping, and adaptation. The data analysis led to the conclusion that family caregivers of dialysis patients face stressors, including financial burden, but cope well. They feel supported, satisfied, and in control of their caregiving experiences. They also manage their responsibilities well by adjusting to their work, social life, and finances, and prioritizing patient care. To address these findings, the researcher recommends that healthcare providers establish tailored stress management and counseling programs to support family caregivers of dialysis patients. By providing such resources, healthcare providers can help caregivers manage the range of stressors they face on a daily basis. Furthermore, social workers should continue offering emotional support and resources to caregivers, which will help maintain their positive appraisal and sense of control over their caregiving experiences. Empowering family caregivers in this way can help them feel better equipped to tackle the challenges that come with caring for their loved ones.

Keywords: Family caregivers; Hemodialysis patient; Stress; Adaptation; Coping; Appraisal.

1.0 Introduction

Chronic Kidney Disease (CKD) is an increasing public health concern with an approximate prevalence of 5–10% and an annual growth of 8% (Hawamdeh, et al, 2017). According to data from the World Health Organization (WHO) released in 2020, 39,380 people died from kidney disease in the Philippines, making up 5.84% of all fatalities. Similarly, as cited bythe Department of Health's Administrative Order No. 2021-0010, CKD is the fourth-leading cause of death in the nation. Locally, Region 12, as posted by the Department of Health - Center for Health Development-SOCCSKSARGEN XII in 2020, shows, that the third leading cause of morbidity among the top ten morbidity is urinary tract infection, which is one of the kidney diseases with 13,708 cases or 278.62 rate in 1000 population. In addition, among the top ten leading causes of death in Region 12, glomerular and renal diseases rank the third cause of mortality in SOCCSKSARGEN with 1,345 cases of deaths or 0.27 rate per 1000 population in the year 2020 (FHSIS,2020).

On the other hand, in Asian countries, the family is the best care partner for clients undergoing hemodialysis. Families of clients treated with hemodialysis assume the roles of primary caregivers. However, providing care for a client with CKD can be a stressful experience, causing a significant burden. In a recent study conducted by Ebadi et al (2021), it was discovered that family caregivers who tend to loved ones with end-stage renal disease (ESRD) may experience psychological stress due to their emotional connections. This can result in a range of negative emotions and feelings associated with caregiving, such as compassion fatigue, helplessness, feeling confined to the hospital or home, distress, frequent visits to the hemodialysis department, depression, regret, neglect, and boredom with caregiving responsibilities. In this context, the transactional theory of stress and coping finds practical application in the lives of family caregivers. According to Lazarus & Folkman (1984), as cited by Etchin (2018), stress is a response and exists within the relationship of person and environment. In the present study, Ebadi, et al (2021) claimed that there were factors that would cause secondary stress in different aspects of the family caregiver's life, including work and family relationships. These stresses exist with confusion, fatigue, shock, worry, anxiety, restlessness, fear, and extreme panic about losing patients. The study was guided by Lazarus and Folkman's (1984) transactional model and sought to determine the level of stress, appraisal, coping, and adaptation of family caregivers caring for their dialysis patient.

2.0 Methodology

2.1 Research Design

This research study utilized a quantitative and descriptive approach to determine the experiences of family caregivers who provide care for patients undergoing dialysis treatment. The primary objective of the study was to assess the levels of stress, appraisal, coping, and adaptation of these family caregivers. The descriptive research design allowed for a detailed description of the family caregiver's experiences and their ability to cope with the demands of providing care.

2.2 Research Locale

The research was conducted in six chosen hospitals situated in Region 12, a region in the southern part of the Philippines. The hospitals were divided into two categories, public and private, and were further classified into three types: primary, secondary, and tertiary hospitals. The study included three hospitals from Gen. Santos City, two provincial hospitals from South Cotabato and Sultan Kudarat, and one tertiary hospital from Kidapawan City. The hospitals were selected based on various factors such as their location, capacity, and services provided.

2.3 Research Respondents

The study involved a total of 402 respondents who were selected using a simple random sampling method. To ensure that the study results accurately represent the population, a specific type of probability sampling was employed to collect the quantitative data. The chosen method was simple random sampling, which involved randomly selecting samples from a sampling frame. The sampling frame was constructed by identifying all the individuals in the population under study.

2.4 Research Instrument

The researcher developed a research instrument for this study based on the transactional theory of stress and coping. To validate the quantitative survey questionnaire for family caregivers, four experts reviewed and rated each item using mean scores to assess its appropriateness. The results of this validation showed a highly positive outcome. Additionally, the survey questionnaire underwent a test-retest method to determine its reliability. Thirty family caregivers answered the questionnaire, and a reliability standard of 8 was used to determine its reliability for data collection. Based on the results, all four items were found to be very reliable. This means that the instrument is highly suitable for measuring its variables, valid, and capable of providing accurate data for the study.

2.5 Data Gathering Procedure

The researcher obtained a clearance from the Graduate School Dean to conduct the study. The researcher wrote a letter seeking approval from the hospital's board, which was addressed to the medical directors of the selected hospitals in Region 12 through their nursing service administrators. Once the hospital administrators approved the request, the researcher went to each hospital's hemodialysis unit and spoke with the head nurses to select the possible respondents for the study. During the data collection process, the researcher ensured that the participants' confidentiality was protected, and consent was obtained before executing the survey. The researcher anonymized data, securely stored information, and used appropriate data protection measures to safeguard the participants' privacy and confidentiality. In addition, the family caregivers were informed that participation was voluntary and that they were not obligated to sign or complete the form if they chose not to participate. The researcher informed the respondents of the study's general objectives and importance and provided instructions on how to complete the forms. The researcher distributed the self-administered questionnaire with a translation from English to Filipino to ensure that respondents could understand the statements and provide accurate responses.

2.6 Ethical Considerations

The researcher exercised caution and prudence in ensuring that the rights of the respondents were fully protected and that they were not constrained in any way. During the process of data collection, the researcher provided comprehensive information to the respondents regarding the purpose of the study. In the survey questionnaire, the researcher made certain that respondents had read the consent form and had willingly agreed to participate in the study with a clear understanding of the study's purpose, potential risks, and benefits. Moreover, the informed consent was read out to the prospective respondents, emphasizing the process and their voluntary participation in the study. By implementing these measures, the researcher was able to ensure that the respondents were fully informed and had given their informed consent willingly and voluntarily.

3.0 Results and Discussion

Table 1. Family caregiver's level of stress (n = 402)

INDICATORS	MEAN	SD	INTERPRETATION
Anxious about excessive patient demands.	3.38	1.15	Moderate
Lack of personal time due to caregiving.	3.32	1.03	Moderate
Pressure from caregiving and other responsibilities.	3.50	1.07	High
Anxiety when with dialysis patients.	2.98	1.21	Moderate
Patient's negative impact on family/friend relationships.	2.54	1.15	Moderate
Caregiving affects social life negatively.	2.55	1.19	Moderate
Feeling sole responsibility for the patient.	3.60	1.20	High
Isolation in the family caregiver role.	2.63	1.19	Moderate
Loss of life control due to a family member's illness.	2.92	1.18	Moderate
Wishing for someone else to care for dialysis patients.	2.68	1.23	Moderate
OVERALL	**3.01**	**0.90**	**Moderate**

As shown in table 1, family caregivers experience a moderate level of stress in their caregiving journey. The stressors with mean scores falling within the moderate level include anxiety about excessive patient demands, lack of personal time due to caregiving, anxiety when with the dialysis patient, negative impact on family/friend relationships, negative effect on social life, isolation in the family caregiver role, loss of life control due to a family member's illness, and wishing for someone else to care for the dialysis patient. However, the indicators "pressure from caregiving and other responsibilities" and "feeling sole responsibility for the patient" are interpreted as high levels of stress, with respective mean scores of 3.50 and 3.60. These findings align with existing research on the stress of caregiving. As cited by Jansen et al. (2020), family caregivers often experience high levels of stress and emotional exhaustion because of the demands of caregiving emphasizing the burden as subtheme in multiple studies.

Table 2 shows that family caregivers have a high overall positive appraisal. They report feeling supported, receiving assistance, positive feedback, and emotional support in their caregiving tasks. They also share caregiving responsibilities, maintain balance in their lives, and express satisfaction with their role. The study emphasizes their resilience and adaptive capabilities. In addition, the high mean scores for indicators like feeling supported in caregiving tasks, receiving assistance, and positive feedback give emphasis on the importance of social networks and the positive outcome of emotional support from family, friends, and healthcare professionals on family caregivers' well-being, as noted by Li and Ang (2019). In addition, Pinquart and Sorensen (2017) further reported that social support not only decreases stress but also enriches family caregivers' self-efficacy and coping abilities. The high overall mean score for the family caregiver's level of appraisal (3.93) suggests that, on average, caregivers perceive their experiences positively.

Table 2. Family caregiver's level of appraisal (n = 402)

INDICATORS	MEAN	SD	INTERPRETATION
Supported in caregiving tasks.	3.99	0.79	High
Assistance in patient-related issues.	3.86	0.90	High
Positive feedback for caregiving achievements.	3.82	0.83	High
Reliable people for decision-making in care.	3.90	0.83	High
Emotional support during caregiving.	3.83	0.86	High
Sharing caregiving responsibilities with family.	3.76	1.00	High
Balancing life despite caregiving demands.	4.03	0.77	High
Satisfied with the caregiving role.	4.06	0.70	High
Maintaining physical and emotional health.	4.00	0.69	High
Confident and in control in caregiving.	4.01	0.73	High
OVERALL	**3.93**	**0.57**	**High**

Table 3 shows that family caregivers have a high level of coping ability. They have a strong belief in overcoming challenges and seeking comfort in their religion or spirituality. They also possess confidence and effective strategies to meet the demands of caregiving. Family caregivers maintain a positive attitude, exhibit adaptability and problem-solving skills, and prioritize self-care and well-being. The significance of these results put emphasis on the prevalence of resilient coping strategies among the family caregivers. It also indicates the family caregiver's strong beliefs in surpassing life's adversities and their ability to find comfort in religion or spirituality. Overall, they effectively handle the difficulties of caregiving responsibilities, aligning with Montgomery & Kosloski's (2013) research on the important role of coping strategies in enhancing caregiver resilience and well-being. Moreover, Jankowski et al. (2016) acknowledged that spirituality is a coping resource for family caregivers, helping them in finding meaning and purpose in their caregiving journey.

Table 3. Family caregiver's level of coping (n = 402)

INDICATORS	MEAN	SD	INTERPRETATION
Belief in overcoming life's hardships.	4.42	0.69	High
Seeking comfort in religion/spirituality.	4.31	0.80	High
Confidence in handling caregiving challenges.	4.27	0.74	High
Developed strategies for caregiving demands.	4.23	0.74	High
Positive attitude in difficult times.	4.38	0.73	High
Adapting and problem-solving in caregiving.	4.28	0.74	High
Seeing myself as strong amid challenges.	4.35	0.75	High
Bouncing back after hardships.	4.24	0.77	High
Prioritizing self-care and well-being.	4.03	0.93	High
Maintaining perspective despite difficulties.	4.38	0.65	High
OVERALL	**4.29**	**0.59**	**High**

Table 4. Family caregiver's level of adaptation (n = 402)

INDICATORS	MEAN	SD	INTERPRETATION
Reducing work hours for caregiving.	4.13	0.74	High
Rearranging work hours for priorities.	4.21	0.65	High
Limiting social activities for caregiving.	4.19	0.69	High
Prioritizing patient care over personal life.	4.23	0.69	High
Budgeting accordingly.	4.21	0.64	High
Reassessing finances for patient needs.	4.27	0.64	High
Seeking financial assistance.	4.33	0.66	High
Exploring available financial resources.	4.23	0.73	High
Adjusting routine for caregiving priority.	4.17	0.75	High
Cutting back leisure time for caregiving.	4.31	0.68	High
OVERALL	**4.23**	**0.53**	**High**

The findings in Table 4, show that family caregivers are highly adaptive in their caregiving roles, making necessary changes to meet their patients' needs. They prioritize patient care over their personal lives and are skilled at budgeting to ensure patients' needs are met. They actively seek financial assistance and explore available resources to support their caregiving efforts. The overall mean score for the family caregiver's level of adaptation is high at 4.23. This implies the importance of adaptation and flexibility in family caregivers' ability to give care. The willingness of the family caregiver to make changes in their work and social lives, such as reducing work hours, rearranging schedules, and limiting social activities indicated a high mean scores. Which is consistent with Hirst et al.'s (2018) study. LaFontaine et al. (2014) in his study emphasize the importance of understanding the various adjustments made by family caregivers to effectively fulfill their caregiving roles. The results suggest that giving resources and assistance, consisting of financial support and flexible work arrangements, can enriched family caregivers' adaptation and overall well-being.

4.0 Conclusion

Based on the findings of the study, the following conclusions were drawn, that family caregivers of dialysis patients experience moderate levels of stress caused by a variety of factors, such as financial burdens. The demanding nature of caregiving requires a significant investment of time and energy, which can contribute to this stress. Despite these stressors, caregivers tend to have a positive perception of their caregiving experiences, feeling supported, satisfied, and in control. Additionally, family caregivers demonstrate a high level of resilience and coping skills, indicating their ability to effectively handle and adapt to caregiving challenges. Also, they are often tasked with managing complex medical information and procedures, administering medications, scheduling appointments, and providing emotional support to their loved ones. However, despite these challenges, they frequently find meaning in their caregiving role and derive a sense of purpose from it. The study also revealed that family caregivers exhibit flexibility in managing their responsibilities. They adjust various aspects of their lives, such as their work schedule, social life, and personal time, to prioritize patient care. Moreover, they typically show a strong commitment to their caregiving role, which can lead to improved patient outcomes and quality of life. Overall, the study suggests that caregivers of dialysis patients face significant challenges, but they also exhibit remarkable resilience and adaptability in their caregiving role.

Based on the conclusions drawn from the study, the following recommendations are proposed: healthcare providers should put into place stress management and counseling programs specifically designed for family caregivers of patients undergoing dialysis to help them cope with the range of stressors they encounter; social workers and other healthcare professionals should continue to offer emotional support and resources to caregivers to ensure that they maintain a positive outlook and feel supported and in control of their caregiving experiences; healthcare administrators should provide caregivers with access to stress management resources such as support groups, to further enhance their coping abilities; social service agencies should provide referrals for financial assistance to government and non-government organizations and offer workshops on financial planning and budgeting tailored for caregivers, empowering them to manage their finances effectively.

5.0 Contributions of Authors

The author hereby declares that she has undertaken all aspects of data acquisition, analysis, encoding and editing pertaining to this study.

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7.0 Conflict of Interests

The author declare no conflicts of interest about the publication of this paper.

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