IDENTIFIED SIGNIFICANT STRESSORS OF CAREGIVERS OF INDIVIDUALS WITH DISABILITIES

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обов’язки по догляданню, водночас намагаються досягти балансу в сім’ї, на роботі та добитися якихось особистих цілей. У цьому дослідженні 31 доглядач пройшов кількісно-якісне анкетування.  

Статистично значущі стосунки з’ясовувалися з урахуванням віку та ступеня тяжкості стану члена сім’ї, за яким доглядають, скільки часу відділяється на догляд, освітній рівень та стосунки між доглядачем та хворим членом сім’ї, досліджувалися також почуття, пов’язані з оптимізмом, сприйняттям, сімейними стосунками, фінансовими проблемами, втратою контролю, збагаченням і надією на краще майбутнє. Найчастіше такими життєвими цілями були: 1) досягнення фінансової стабільності; 2) прагнення мати міцну здорову сім’ю; 3) відчуття щастя.

Ключові слова: стрес-фактори для тих, хто доглядає людей з обмеженими можливостями, життєві цілі.

Although parents and guardians expect to perform caregiving tasks during the upbringing of a young child, these responsibilities take on a new significance when a child is diagnosed with a disability. With this diagnosis, roles and duties may change, and caregivers often face the possibility that a child may require long-term care beyond the typical child-rearing years [6, 635]. Parents experience stress and an array of other feelings as they adjust to the demands of caring for someone with special needs while trying to balance family, work and their other responsibilities [5, 123]. Providing care for an individual with a disability may drain physical and emotional energy, as well as financial resources [3, 185]. Research in the United States has shown that caregivers of children with disabilities report increased health and psychological problems when compared to parents of children without disabilities [2, 450].

Thirty-one caregivers of individuals with an array of disabilities served as subjects in this study. A caregiver was defined as any individual, at least 18 of years of age, who assumed at least 50% daily caregiving responsibility of an individual with any type or degree of a disability. A disability was defined as a condition that was identified by the medical community which required some modifications in how that individual lived in order for that individual to reach their optimal functioning. The majority of respondents were female (74.2%) and were responsible for caring for a child under the age of 20 years old (77.5%). The others (19.4%) were providing care for adults. Caregivers identified themselves as parents
Values of <.10. Five relationships between the age of the individual with special needs who was receiving care and the caregivers’ perceptions of life optimism (p-value = 0.016). Caregivers who had been caring for their family member for more than 6 years were found to be more likely to believe that during the time they had provided care, the degree of their «life optimism» had increased. The relationship between the level of severity of the individual who received care and caregivers’ stated economic circumstances were found to be statistically significant (p-value = 0.088). That is, caregivers caring for a family member with special needs whose level of involvement was identified as severe to profound were more likely to report that their family’s «economic standard had deteriorated».

The relationship between the caregiver’s educational level and feelings of loss of control was revealed as statistically significant (p-value = 0.087). Caregivers who had a college degree were more likely to experience feelings of not «having things under control» since they had been providing care. Caregivers’ relationship to the individual with special needs and caregivers’ feelings of loss of control and enrichment were found to be statistically significant (p-values = 0.059 and 0.066 respectively).

The most common reported gains from caregiving were reported as a renewed positive perspective on life, and joy from observing the family member learn new skills. The most common losses reported from caregiving involved strained relationships within and outside the family, and a reduction in social or personal time. Finally, the 3 most common life goals, in order of importance, reported were: 1) achieving financial stability, 2) having a strong, healthy family and 3) experiencing happiness.

This study found that caregivers of individuals with a variety of disabilities, such as mental retardation, developmental delays, autism, multiple disabilities, cerebral palsy and other physical disabilities, with mild to severe impairments, reported different stressors in their lives, depending on the age, the disability, and the severity level of the disability of the individual for whom they were providing care. In general, the longer a caregiver provided care, the greater the chances that they reported feeling optimism about life. The more severely disabled the individual cared for by a respondent, the more likely that the caregiver indicated that the family’s economic standard had deteriorated. College educated caregivers in this study were more likely to report feeling a loss of control over their lives. Finally, a statistical significance was also revealed when caregivers

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were parents in that parents reported feeling a loss of control as well as being enriched by providing care for their child.

One of the interesting outcomes of this study was that caregivers often reported experiencing what may appear to be contradictory feelings. That is, the same caregivers who reported feeling a loss of control over their lives, simultaneously reported that they felt enriched by their current situation. Research in the United States has consistently found both negative and positive outcomes from the caregiving role [1, 270]. Although most caregivers experienced stress, a loss of control, and a loss of personal freedom or fatigue, many were able to appreciate the positive effects and outcomes associated with their caregiving responsibilities.

The qualitative results of this study were equally instructive. Caregivers indicated that their situation had informed them about more effective ways to treat others such as using patience, empathy, compassion and being humble. At the same time, respondents indicated that losses associated with caregiving demands were a source of stress for them. The constant financial pressures, the difficulty of maintaining «normalcy» in public, the loss of freedom and the strain on family and extra-family relationships were the most common losses reported.

Caregivers who are dealing with multiple demands tend to wear out, both physically and emotionally, especially when the individual who is receiving the care has psychiatric and/or behavioral problems [2, 447]. In this study, the more severely disabled the individual cared for by a caregiver, the more likely the family’s economic standard was reported to have decreased. This suggests that present financial and governmental programs for these families are inadequate. Further, the more significant the needs of the individual with a disability, the more difficult it may become to find appropriate services and care. Family members or caregivers may experience an additional need to be at home to care for such an individual who may not be able to advocate for, or communicate his or her needs. Like the research conducted by Plant and Sanders [5, 109], this study found that the severity of a disability was a primary factor contributing to caregiver stress. Becoming a caregiver of a child with the potential of long-term care introduces additional roles and, therefore, requires substantial rearrangement of priorities and energy within families. The caregivers of this study made it clear that caring for an individual with a disability presents challenges, added responsibilities, and some rewards. Nonetheless, it is evident that caregivers need additional supports to assist them in managing and meeting the needs of the individual with a disability for whom they provide care.

REFERENCES
Розділ І

Сучасні проблеми навчання, з особливими потребами


