Bayero Journal of Nursing and Health Care
bjnhc.nur@buk.edu.ng
Volume 3 Issue 1, June, 2021
Pages 776-783 ISSN: 2756-6501

Physical Experiences of Family Caregivers of Patients admitted in Jos University Teaching Hospital, Plateau State Nigeria

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Background: The nature and extent of issues facing family caregivers of patients admitted in the hospital remain largely unknown especially in Nigeria where family caregivers are actively involved in the care of admitted patients in the ward. **Aim:** This study sought to explore the physical experiences of family caregivers of patients admitted to Jos University Teaching Hospital (JUTH), Nigeria. **Methods**: An exploratory descriptive qualitative design was used for the study. Information on experiences of caregivers was elicited using a semi-structured interview guide. Data were analyzed using the content analysis approach. **Results:** Findings of the study showed that participants carried out physical activities such as meeting patients' self-care needs and going on an errand, this had a negative impact on their physical health. Participants also faced instances such as sleep disturbances and improper feeding that had a negative impact on their health. **Conclusion**: Family caregivers of patients admitted to JUTH experienced physical burden. It was recommended that interventions such as the employment of more nurses in the hospital will go a long way in reducing the burden of caring for family members in the hospital.

Keywords: *Experiences; Physical Experience; Burdens; Family Caregiver.*

Introduction

Nursing care of patients in the hospital in many low-resourced Sub-Saharan African countries actively and extensively involve family members (Ugochukwu *et al*., 2013). Khosravan, Mazlom, Abdollahzade, Jamali, and Mansoorian (2014), attribute family caregivers' participation in the care of hospitalized patients mainly to the shortage of healthcare professionals. In government-owned hospitals in Nigeria, the Nurse-to-patient ratio in the wards per shift can be as low as one (1) nurse to thirty-one (31) patients (Ogunlade&Ogunfowokan, 2014).

Family members involved in care are referred to as "informal caregivers" (Given, Given, & Sherwood, 2012). Aziato and Adejumo (2014), and Mukoro (2011), reported that family caregivers carried out activities such as bathing or cleaning the patient, changing of position, assisting with ambulation, running errands and purchasing medication for ill relatives who have undergone surgery during hospitalization. The physical stress of caring for a sick relative can negatively affect the physical health of the caregiver, particularly when the individual cannot transfer him/herself out of bed, walk or bathe without assistance. Most primary caregivers report

being physically stressed (Kim, Chang, Rose, & Kim, 2012). Researchers in the past have concentrated more on patients admitted in the hospital but not on the family members who care for these patients and stay with them in the hospital, hence, the need for this study.

Method and Materials

Study Design

An exploratory descriptive qualitative design was used to explore and elucidate the experiences of family caregivers of patients admitted in Jos University Teaching Hospital.

Study Location

The study was undertaken in Jos University Teaching Hospital (JUTH), located in the capital city of Plateau State, North Central Nigeria. Geographically, Jos has a near temperate climate. It is about 181 kilometres (131 miles) from Abuja, the capital of Nigeria. Jos University Teaching Hospital (JUTH) is a government-owned Teaching Hospital. It was established in the year 1975. It moved fully from its temporary site to its permanent site in Lamingo in January 2010. Lamingo is situated on the outskirts of Jos city. The Hospital is a six-hundred-bed referral centre serving about five neighbouring States.

Research Population

The study population was all family caregivers of patients admitted to Jos University Teaching Hospital Plateau State Nigeria.

Inclusion Criteria

Primary family caregiver of patients admitted in the hospital above the age of eighteen who have stayed for a minimum of one week. Caregivers are willing to participate in the study who could speak the language the researcher could speak were included in the study.

Exclusion Criteria

Family caregivers who were children were excluded. Those who come to care for a patient while on a visit were also excluded from the study. Family caregivers who could speak neither English nor Hausa language were excluded from the study.

Sample Size and Sampling Technique

The sample size was arrived at when data saturation was reached. This was achieved after the twelfth participant was interviewed. The purposive sampling technique was used to enrol participants who met the inclusion criteria for the study. The researcher purposively selected participants from both medical and surgical wards in the hospital. A total of four wards were used; the male medical and surgical wards and the female medical and surgical wards. Four participants in each ward who met the inclusion criteria were purposely selected. Dates and venues for interviews were scheduled and arranged by both the researcher and the participants.

Tool for Data Collection and Procedure

A semi-structured interview guide containing open-ended questions that captured data from participants in the form of feelings, thoughts, and insights was used. Interviews took one week. Participants were interviewed in the English language and local Hausa dialect. The time taken for the interviews ranged between thirty to forty-two minutes. The participant's verbal consent was sought for and written consent was taken subsequently. The researcher also probed further when answers were not clear or when trying to redirect the participant towards an area of interest. Interview sessions were recorded with the participant's permission. The researcher maintained a field note while the interview sessions were going on.

Pre-test of Semi Structured Interview Guide

The researcher alongside the research assistance conducted a pre-test of the semi-structured interview guide on two family caregivers of patients admitted in Plateau State Specialist Hospital, Jos. This facility has similarities with Jos University Teaching Hospital in terms of patient's care and hospital administration.

Method of Data Analysis
Data collection and analysis was done concurrently. Data analysis was done using content analysis.

Methodological Rigour
Rigour was ensured by satisfying the criteria of credibility, transferability, dependability and confirmability as proposed by Lincoln and Guba (1985).

Ethical Considerations
The study proposal was subjected to approval from Jos University Teaching Hospital Ethical Committee and approval was granted (approval reference number JUTH/DCS/ADM/127/XIX/6451).

Results
Description of Population Study
A total of twelve participants were drawn from family caregivers of patients admitted to Jos University Teaching Hospital. Participants comprised three males and nine females between the ages of twenty-five and sixty years. Three of the participants were in their late twenties, four of them were in their early thirties, one of the participants was forty years while two were in their mid-forties. The last two were fifty years and sixty years respectively. The minimum length of days the participant had stayed with the patient on the wards was one week and the maximum lengths of days were six months. The majority (nine) of the participants had stayed with the patient for about a period of one month, one participant had stayed for two months, while the remaining three had stayed for three months, four months and six months respectively (see appendix for details).

Physical Experiences
The physical experiences of the participants were categorized into activities that had a direct effect on the physical health of the participants. These include meeting patient's self-care needs, and going on errands.

Meeting Patient's Self-care Needs
This involved carrying out activities that patients could not do by themselves such as the washing of clothes, bathing, oral care, discarding patient's urine and excreta, etc. All the participants in the study carried out self-care activities for their patients. Excerpts of participant's responses are stated below:

*"Well, I wash his (the patient) clothes when they are dirty, I bathe him; I also discard his urine in the toilet. I bring his brush to him so that he can brush his teeth, again, when he passes the stool, I throw it away in the toilet and clean him up afterwards... I help him to get back in bed when he has to lie down, so I assist him in moving around."(***28-year-old female participants)**

*"Usually I give him his food…. when the nurses serve the medication I give it to him... I also turn him from one side to the other. Usually, I lift him up too."(***40-year-old female participant***)**

"... I always wash all the plates and the pot we use for cooking..." **(35-year-old female participant**)

Carrying out a patient's self-care was described as very stressful and demanding. An excerpt of the participant's response is stated below:

*"I really felt stressed. I can't carry him again because my bones are hurting, all my joints (*participant bends to touch knee joints and waist joints and thighs*). The work involved in taking care of him (patient) is too much for me. All my body is hurting and I cannot even lift my hands right now..." (***60 year old female participant)**

Despite the stress and difficulties encountered in meeting the patient's self-care needs, all participants perceived caring for the patient as an obligation and a compulsory role that must be done and so had to endure stress while rendering care. Excerpt of participant's response is stated below:
"...he is my husband, so I have to perform my duty as a wife and take care of him; this is the time to take my cross and bear it. When you are married to a man one has to be there for him in times of difficulty or sickness, health

and difficulties. Now that he is sick I have to be there for him…." **(50-year-old female participant)**

Going on Errands

Some participants involved in the study went on errands for the patients. Errands include buying patients' food and medicine, buying dressing materials for patients' wound care and going to pay for services rendered to the patient. Excerpts of participant's responses are stated below:

"*I will have to go and buy food every time we want to eat… when the need arises for me to go and buy medicines, I will have to go and buy them."* " **(40-year-old female participant)**

"…since the surgery was done the nurses in the ward told me that they don't have the dressing materials for the wound care and so I have to always buy them" **(28-year-old female participant)**

"I am the one that goes around to make the necessary payment of bills and then if they (health professionals) *need any of the family members to provide anything, I am the one that will ensure that it is done"* **(26-year-old male participant)**

Going on errands for the patient involved moving around the hospital and the participants described this to be stressful with it having an impact on the participant's physical health. Some of the health conditions participants experienced as a result of this included, having aggravated dyspeptic symptoms as well as having body pains, fatigue and exhaustion at the end of the day. Excerpts of participant's responses are stated below:

"This is kind of stressful because one has to go from one point to the other; having to go to a point to get the drugs than to another to pay the money and then going back to the wards for the patient's to get the drugs..."**(25-year-old female participant)**

"….the different errands I went for…. this aggravated my ulcer symptoms and I experienced waist pain as a result..." **(35-year-old female participant)**

", the up and down movements made me sleep deep at home" **(45-year-old female participant)**

Other instances such as Sleep Disturbances and Feeding Inadequacy which most of the participants experienced were also found to affect the health of participants in the study. This is discussed below:

Sleep Disturbances

All the participants experienced disturbances in their sleeping patterns. Most participants indicated that they were sleeping on the floor by the patient's side particularly at night and the floor was usually very cold for them to bear. Excerpts of participant's responses are stated below:

"*Ah! (Participant exclaims) all of this has affected my sleeping because"* **(28-year-old female participant)**

*"… I said so because this place is very cold and it disturbs me. I usually sleep on a mat on the floor and the floor is very cold for me... the cold is too much for me while I am sleeping at night***."(40-year-old female participant)**

Sleeping on cold floor had a negative impact on the health of the participants. The negative impact of sleeping on the floor includes chest pain and cold. Excerpts of participant's responses are stated below:

"*When I sleep on the floor, I eventually become sick since I am not used to sleeping on the floor…the main problem is the cold I experience when I am sleeping… and this disturbs me, that's why I am always down with cold and catarrh***."(35 year old female participant)**

*"You see, before now I don't know how to lie on the mat because once I lay on it my ehnm, (participant uses hand to pat chest) my chest begins to pain me…"(***45-year-old female participant)**

Data showed that the experience of not having adequate sleep especially at night had an impact on the participant's health. It was also revealed that some participants resolved to walk around during the day in order to prevent sleep since sleeping space was not available. Excerpts of participant's responses are stated below:

"*I had sleepless nights and my head was just pounding hard."(***45-year-old male participant)**

*"…there are times that I feel like sleeping but I will just have to fight that sleep because there is nowhere for me to sleep, I cannot sleep on the hospital bed and I cannot sleep on the floor so I just have to walk around. Sometimes I feel really pressed that is I feel really down and I want to sleep but since there is no space for me to sleep I would just have to walk around a while so that the sleep will just kind of vanish." (***25-year-old female participant).**

Feeding Inadequacy

Participants experienced feeding inadequacy. Some reported inability to feed properly because they had to buy food while they cared for the patient in the hospital. Eating the food that was bought had an impact on the participant's health such as having constant diarrhoea. This made one of the participants lose weight. Data collected attributed improper feeding to the unavailability of the food of choice for the participant at the time they wanted to eat.

"*…we are buying our food. Left to me I won't because I don't really like eating out when I do, I purge. Since I came I have been purging… so I don't eat anymore … I have emaciated… seriously***" (25-year-old female participant)**

*"The issue is that I don't get the food I want to eat though I get some other ones***" (28 year old female participant)**

Most of the participants mentioned that having loss of appetite is the major reason for not feeding properly. The loss of appetite in the participants was a result of the participant's fear of contracting the disease in the hospital environment.

*"…there is this smell in the ward that makes me to lose my appetite. This doesn't allow me to eat when I am hungry***." (34-year-old male participant)**

"….I didn't like to eat here because I had this feeling that I was going to contract diseases…." **(34-year-old female participant).**

Discussion:

Findings from this study revealed that family caregivers of patients admitted to the hospital had to carry out patient's self-care such as bathing, feeding, lifting and helping the patient with mobility needs. This tallies with findings from other studies that have been carried out on family caregivers both in the hospital and at home where family members were seen to assist their sick relatives to meet their daily activities of living (Abendroth *et al*., 2012; Mukoro, 2011).

All the participants perceived the self-care activities carried out for the patients to be very stressful and burdensome. This is because they had to constantly exert physical efforts in meeting the self-care needs of the patients throughout the patient's hospital stay. Caregiving activities carried out by participants in this study impacted negatively on the physical health of the participants and so participants experienced deterioration in physical health. This is in line with studies conducted by Swoboda and Lipsett (2002) where a family caregiver's health was affected by the stress of providing care.

Regardless of the negative impact the task of caring had on the participant' physical health, participants were still willing to go on with the provision of care. This can be as a result of the relationships that existed among family members. Families in the African tradition generally have a kinship tie that fosters relationship among its members and this

allows its members to unite. Family caregiving among some ethnic groups, particularly in Africa, is perceived as normal and an important part of showing one care for the family and community as a whole (Donovan *et al*., 2011).

Findings from this study also showed that participants carried out other activities such as going on errands for the patients. This resonates with the study conducted by Aziato and Adejumo (2014), where participants were physically exhausted after going on errands for the patients.

Findings also revealed that going on errands constantly caused participants to experience deterioration in physical health such as fatigue, body pains and aggravated dyspeptic symptoms. This resonates with findings from Okoye and Asa (2011).

Participants in this study experienced sleep disturbance in the course of rendering care to the patient in the hospital. Mancini *et al*. (2011) and Gibbins *et al*. 2009 reported the inability to sleep sufficiently and regularly as an experience that mostly affects the physical wellbeing of family caregivers. Findings also revealed that the reasons for sleep disturbances included participants sleeping on an unbearable cold floor by the patient's bed at night. Sleep disturbances posed health challenges to the participants in this study such as chest pain, and cold symptoms.

Findings indicated that participants had to walk around during the day to prevent sleep because they had no place to sleep. This is congruent with findings from a study conducted by Shitu (2015), where family caregivers in a general hospital in Nigeria were seen to loiter around the hospital with nowhere to eat, sit, sleep and rest and this was found to contribute to the stress involved in providing care to the patients in the hospital.
Conclusion: The major findings of this study shows that family caregivers of patients admitted in the hospital are impacted physically in the course of providing care for the patient. Family caregivers might themselves end up as patients if care is not taken in reducing the burden. Interventions that will alleviate the burden of caring for a patient admitted to the hospital will go a long way in providing positive caregiving experience for family caregivers in our setting.

Recommendations
Based on the findings of this study, the following recommendations are made to the management of Jos University Teaching Hospital:

1. The management of JUTH should employ more nurses. This will improve the nurse to patient ratio to the standard, thereby reducing the workload of families in the hospital.
2. The management of Jos University Teaching Hospital (JUTH) should provide a comfortable place for family caregivers in the hospital to sit and sleep at night as this can go a long way in alleviating physical burden.

Conflict of Interest: There was no conflict of interest.

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Appendix

Participant's Information Sheet

	Age (yrs)	Sex	Educational status	Religion	Occupation	Length of stay	Tribe	Place Of Residence
Participant 1	**35**	**F**	**Illiterate**	**Islam**	**H/Wife**	**1 months**	**Hausa**	**Urban**
Participant 2	**28**	**F**	**Primary**	**Islam**	**H/Wife**	**2 months**	**Rindrai**	**Urban**
Participant 3	**45**	**M**	**Illiterate**	**Christianity**	**Farmer**	**3 weeks 2days**	**Chaway**	**Rural**
Participant 4	**26**	**M**	**Tertiary**	**Islam**	**Student**	**1 month 2 days**	**Hausa**	**Urban**
Participant 5	**25**	**F**	**Tertiary**	**Christianity**	**Student**	**1 week**	**Igbo**	**Urban**
Participant 6	**34**	**M**	**Tertiary**	**Christianity**	**Business**	**6 months**	**Berom**	**Urban**
Participant 7	**50**	**F**	**Tertiary**	**Christianity**	**Civil servant**	**3 weeks**	**Berom**	**Urban**
Participant 8	**35**	**F**	**Primary**	**Christianity**	**Business**	**10 days**	**Berom**	**Urban**
Participant 9	**60**	**F**	**Illiterate**	**Christianity**	**Farmer**	**4 months**	**Fyam**	**Rural**
Participant 10	**45**	**F**	**Tertiary**	**Christianity**	**Civil servant**	**1 week**	**Nernian g**	**Urban**
Participant 11	**34**	**F**	**Tertiary**	**Christianity**	**Business**	**5 months**	**Berom**	**Urban**
Participant 12	**40**	**F**	**Primary**	**Christianity**	**Business**	**4 weeks**	**Berom**	**Urban**